Carl W. Dell, Jr., Ph.D.: Changing Attitudes and Modifying Stutters

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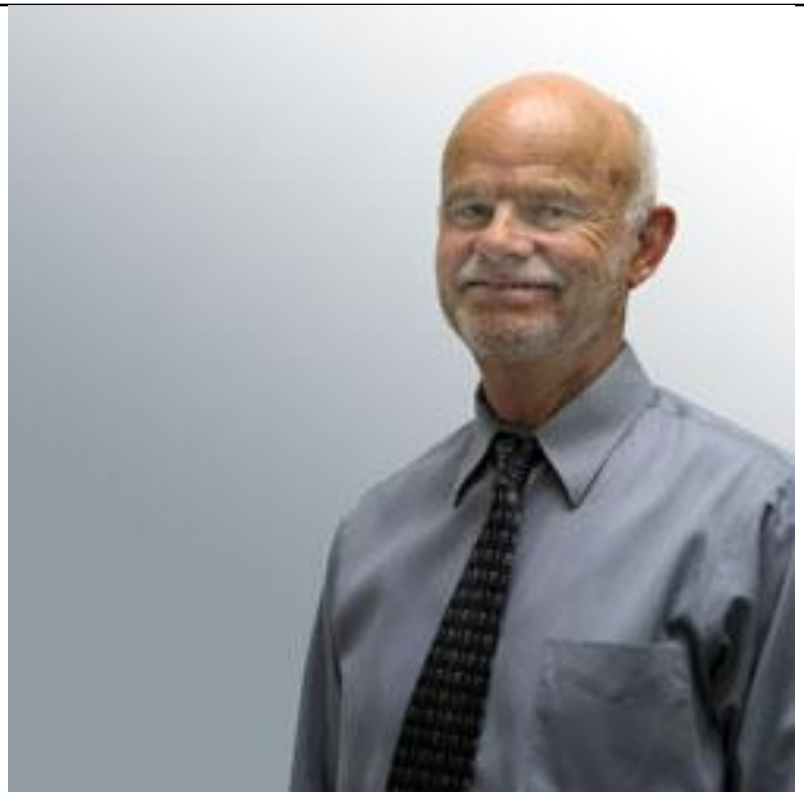

"Reduction of shame about one's stuttering is a critical factor in any successful therapy program" -Dell

Type of Approach

- Follows Van Riper's Approach of Stuttering Modification
  - Goal for the person who stutters is to unlearn maladaptive behaviors
- Child-based treatment
- Targets include a child's moments of stuttering (e.g., repetitions, prolongations, and blocks).
- Treatment begins slowly

Foundation of Dell's approach

- Stuttering results from a delay in speech motor coordination.
  - This is similar to such problems as taking longer to develop the gross motor coordination needed for jumping rope or riding a bike.
- Stuttering is intermittent, variable, and unpredictable.
- The reason that some children don't outgrow their disfluencies is because they become self-conscious about their difficulties. This leads them to speak with tension and effort.
- The child's feelings and attitudes are an important part of therapy.

Direct Treatment
8 phases

- Saying words in 3 ways
  - Regular or fluent way, hard stuttering way, easy stuttering way
- Locating tension
  - Designed to help the child confront and explore stuttering as it occurs
- Canceling
  - Interruptions that are made during a hard stutter
  - Important to remember this is NOT used outside the therapy room

Direct Treatment
8 phases

- Changing stuttering to a milder form
  - Van Riper's pull-outs
- Inserting easy stuttering into real speech
- Changing hard stuttering with pull-outs during real speech
- Building fluency
  - Child and clinician decide on a hierarchy of stressful & real-life situations
- Building independence
  - Fade from therapy
  - Child does not need to be completely "cured" from stuttering

Maintenance

- Parent involvement
- Once the child is doing well, therapy is discontinued for a period of time
  - Diminished frequency and severity of stuttering
  - Confident in controls of stuttering
- "Open door policy"
  - The child may return for additional "booster" sessions if regression occurs

Generalization

- Information provided to parents regarding intervention strategies
- Direct and positive responses to the child
- Information provided to teacher about stuttering, how to respond objectively to stuttering, and verbal participation in class

Strengths

- The program is individualized to each child
- Feelings and attitudes associated with stuttering are addressed
- The expected outcomes are realistic
- Parents and teachers are involved in the intervention process
- Follow up sessions available after dismissal
- Child and clinician are equal participants

Weaknesses

- Only applicable to children who stutter
- Lack of data to support this approach
- No quantitative data
  - Data is obtained through informal observations and report from the parent(s), teacher, and the child
- Most effective with children who stutter intermediately

Recommendations

- Although there isn’t much evidence to support this treatment approach, it presents itself as a beneficial approach to early intervention.

“Success” According to Dell

- He questions the criteria for success
- “If treatment is to be deemed successful, it must be tested over time, but the discipline of collecting longitudinal data is not one I possess” (Dell, 1993).

References

Dell, C. (1993). Treating school age stutters. In R. Curlee (Ed.), *Stuttering and related disorders of fluency* . New York: Thieme.

Guitar, B. (2006). *Stuttering an integrated approach to its nature and treatment* (3rd ed.). Philadelphia: Lippincott williams & wilkins.