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Mindfulness training in stuttering therapy: A tutorial for speech-language pathologists

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ABSTRACT

The use of mindfulness training for increasing psychological well-being in a variety of clinical and nonclinical populations has exploded over the last decade. In the area of stuttering, it has been widely recognized that effective long-term management often necessitates treatment of cognitive and affective dimensions of the disorder in addition to behavioral components. Yet, mindfulness based strategies and their possible usefulness in stuttering management have not been described in detail in the literature. This article seeks to engage professionals who treat stuttering in a conversation about the possible usefulness of incorporating mindfulness training into stuttering management. A review of the literature reveals that there is a substantial overlap between what is required for effective stuttering management and the benefits provided by mindfulness practices. Mindfulness practice results in decreased avoidance, increased emotional regulation, and acceptance in addition to improved sensory-perceptual processing and attentional regulation skills. These skills are important for successful long-term stuttering management on both psychosocial and sensory-motor levels. It is concluded that the integration of mindfulness training and stuttering treatment appears practical and worthy of exploration. Mindfulness strategies adapted for people who stutter may help in the management of cognitive, affective, and behavioral challenges associated with stuttering.

Educational objectives: Readers should be able to: (1) describe what mindfulness is and how it is cultivated; (2) identify the benefits that can be produced from mindfulness practice; (3) summarize how the benefits of mindfulness practice parallel what is often required for effective long-term stuttering management; and (4) identify specific mindfulness techniques that can be taught in stuttering therapy and explain their rationale.

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1. Introduction

Living with the disorder of stuttering is associated with many problems other than physical speech disruptions. Other problems include experiencing negative thoughts and emotions related to communication (Vanryckeghem, Hylebos, Brutten, & Peleman, 2001), being subjected to negative stereotypes, prejudice, and discrimination (Boyle, Blood, & Blood, 2009; Cooper & Cooper, 1996; Gabel, Blood, Tellis, & Althouse, 2004; Hurst & Cooper, 1983; Silverman & Paynter, 1990), as well as victimization and bullying (Blood & Blood, 2007). These problems may be related to increased anxiety levels found in many people who stutter (PWS; this acronym also stands for “person who stutters”) (Menzies, Onslow, Packman, & O'Brian,

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2009). Some studies have shown that PWS have elevated anxiety levels compared with the general population (Craig, Hancock, Tran, & Craig, 2003). Iverach, O'Brian, et al. (2009) reported that PWS had an increased risk for meeting criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) for panic disorder, social phobia, and generalized anxiety disorder compared with matched controls. Craig, Blumgart, and Tran (2009) also found that PWS have decreased quality of life levels in the areas of vitality, social functioning, emotional functioning, and mental health status compared with matched controls. It is suggested that these psychological issues experienced by some PWS are the result of continually having negative life experiences associated with a chronic communication disorder (Iverach, O'Brian, et al., 2009).

There is evidence that negative attitudes about speech and other mental health problems are associated with impeded therapy gains (Andrews & Cutler, 1974; Guitar & Bass, 1978; Kraaimaat, Janssen, & Brutten, 1988). Even if therapy gains in speech fluency occur, there is likely to be relapse experienced by PWS after treatment ends (Craig & Calver, 1991). While there is likely a constellation of factors that is related to relapse in stuttering (Craig, 1998), recent evidence suggests that relapse is more likely to occur in individuals with mental health disorders, including anxiety, compared with individuals with no mental health disorder (Iverach, Jones, et al., 2009). Experiencing negative emotions like embarrassment about using speech control techniques has also been found to be linked with relapse (Craig & Calver, 1991). Relapse is less likely for individuals whose treatment had included cognitive and affective components compared with those who had not received this type of treatment (Hancock & Craig, 2002; Yaruss et al., 2002). From this evidence, it appears that addressing cognitive and affective components of stuttering are related to benefits obtained during stuttering treatment as well as their maintenance following treatment.

Due to the awareness of the role of cognitive and affective components in stuttering, the need for addressing these issues in treatment has been promoted by professionals (Craig et al., 2003; Menzies et al., 2008; Menzies et al., 2009) and adults who stutter (Plexico, Manning, & Dilollo, 2005; Plexico, Manning, & Levitt, 2009b). The need for addressing cognitive and affective aspects of stuttering in treatment has led to an interest in cognitive-behavioral therapy (CBT) for individuals who stutter (for an in depth review see Menzies et al., 2009). Although CBT has improved psychosocial functioning in some PWS (e.g., reduction in avoidance and anxiety), gains in fluency may not result from these treatments when given as a supplement to speech restructuring treatments (Menzies et al., 2008).

There is a so-called "third wave" of behavior therapy that involves approaches that are focused more on awareness, acceptance, and understanding the context of thoughts rather than challenging and changing their content (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Mindfulness, as described in the following section, may add a valuable dimension to stuttering management beyond or supplemental to those of CBT. PWS require treatment that facilitates self-control and self-responsibility (Craig, 1998) if modified speech is desired, and the mindfulness approaches described in this paper may provide a valuable means for PWS to accomplish these goals.

2. Mindfulness

A commonly cited definition of mindfulness is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p. 4). A more detailed description of mindfulness is "a process of regulating attention in order to bring a quality of non-elaborative awareness to current experience and a quality of relating to one's experience within an orientation of curiosity, experiential openness, and acceptance" (Bishop et al., 2004, p. 234). Mindfulness is a multifaceted construct that includes observation of inner and outer experiences (e.g., noticing when one's mood begins to change), acting with awareness (e.g., noticing the mind wandering and becoming distracted when doing an activity), and acceptance of internal and external phenomena (e.g., not being judgmental of oneself for feeling negative emotions) (Baer, Smith, & Allen, 2004). Mindfulness can be cultivated through various forms of meditation and informal practice involving either *focused attention* on something specific (e.g., the breath or physical sensations in the body), or *open monitoring* which is an alert observation to anything (thoughts, feelings, sensations) that arises without explicit focus on any object (Goldin & Gross, 2010).

Mindfulness based interventions include Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1994), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), Acceptance and Commitment Therapy (ACT; Hayes et al., 2006), and Dialectical Behavior Therapy (DBT; Linehan, 1993). Therapies in which mindfulness training play a central role have been shown to help a broad range of individuals reduce symptoms of clinical (e.g., depression and anxiety) and non-clinical problems (e.g., unpleasant affect and psychological distress) (Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Grossman, Niemann, Schmidt, & Walach, 2004).

2.1. Mechanisms of change in mindfulness and parallels with existing treatments for stuttering

There are likely to be a variety of mechanisms responsible for the positive effects of mindfulness on well-being. Suspected mechanisms of change are described in this section. These mechanisms appear to parallel what is often required for long-term, successful management of stuttering. Many of these concepts are already used in traditional speech therapy for stuttering, however, utilizing mindfulness practices may be a valuable means for cultivating these skills.

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