



Acceptance and Commitment Therapy for adults who stutter: Psychosocial adjustment and speech fluency

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ABSTRACT

The aim of the present study was to assess the effectiveness of an Acceptance and Commitment Therapy group intervention program for adults who stutter ($N = 20$). The program consisted of 2-h therapeutic sessions conducted weekly for eight consecutive weeks. It was an integrated program designed to improve: (a) psychosocial functioning, (b) readiness for therapy and change, (c) utilisation of mindfulness skills and psychological flexibility, and (d) frequency of stuttering. The findings provide innovative evidence for Acceptance and Commitment Therapy as an effective intervention with statistically significant improvements in psychosocial functioning, preparation for change and therapy, utilisation of mindfulness skills, and overall speech fluency. Follow-up data collected at three months post-treatment revealed that therapeutic gains were successfully maintained over time. These findings enhance the understanding of the impact of stuttering on psychological wellbeing and offer a new perspective on what might constitute successful stuttering treatment. Further, clinical research support is provided for Acceptance and Commitment Therapy delivered in a group format as a promising and novel intervention for adults who stutter.

Educational objectives: The reader will be able to: (a) appreciate the potential for Acceptance and Commitment Therapy for adults who stutter; (b) identify the improvements participants experienced in psychosocial functioning and frequency of stuttered speech; (c) appreciate the six core processes of Acceptance and Commitment Therapy; and (d) appreciate the differences between an ACT model of intervention for adults who stutter compared to a CBT approach.

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1. Introduction

1.1. Psychosocial impact of stuttering

Stuttering has been shown to have a negative impact on a person's overall quality of life. Specifically, stuttering can result in adverse emotional and cognitive reactions to communicating in daily living situations (Craig, Blumgart, & Tran, 2009) while posing significant encumbrance on a variety of physical, psychological, social, and vocational life domains (Craig, 2010; Frattali, 1998; Yaruss & Quesal, 2004; Yaruss, 2010). Adults who stutter (AWS) have described how stuttering restricts life endeavours such as career choices (Gabel, Blood, Tellis, & Althouse, 2004), job promotions, participation in social events,

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and development of friendships (Hayhow, Cray, & Enderby, 2002; Hugh-Jones & Smith, 1999; Yaruss et al., 2002). When recalling the experience of stuttering and its impact, individuals who stutter consistently describe a variety of negative consequences including struggle and avoidance causing restriction on many and varied aspects of their lives (Corcoran & Stewart, 1998; Plexico, Manning, & DiLollo, 2005). Such experiences of stuttering cannot be fully understood without taking into account the cognitive and affective reactions of people who stutter and their global life experiences with the disorder (Plexico et al., 2005).

The ability of an individual who stutters to communicate effectively in a variety of every day speaking situations is not necessarily determined by the amount of stuttering they experience (Beilby, Byrnes & Yaruss, 2012; Blumgart, Tran, Yaruss & Craig, 2012; Koedoot, Versteegh, Yaruss, 2011; Mulcahy, Hennessey, Beilby, & Byrnes, 2008). It is affected by how completely the person is able to convey their spoken message in each situation. The level of fluency may be unrelated to the adverse impact the person is experiencing in any given situation.

Communication effectiveness can be diminished if gains in fluency are achieved through avoidance or through the use of speaking techniques that are so burdensome and unnatural that the individual has difficulty using them on a consistent basis (e.g., Manning, 2010; Murphy, Yaruss, & Quesal, 2007a; Murphy, Yaruss, & Quesal, 2007b; Murphy, Quesal, & Gulker, 2007; Shapiro, 2011). Thus, many clinicians recommend maintaining an emphasis on effective communication which focuses on emotional support as well as the acquisition of speaking techniques. Managing the speaker's reactions in terms of functional communication rather than in terms of stuttering frequency represents a significant yet positive challenge for stuttering treatment programs (Frattali, 1998; Yaruss & Quesal, 2006).

1.2. Psychological therapy and stuttering

There have been numerous propositions to incorporate psychological initiatives in existing stuttering treatment programs which would result in more holistic models of support for individuals who stutter (Andrews & Craig, 1982; Andrews & Feyer, 1985; Blood, 1995; Boyle, 2011; Craig & Andrews, 1985; Craig, Feyer, & Andrews, 1987; Howie, Tanner, & Andrews, 1981; Menzies et al., 2008; Menzies, Onslow, Packman, & O'Brian, 2009; Nielson, 1999; Stein, Baird, & Walker, 1996). For example, previous treatment studies have documented the use of cognitive behavioural therapies (CBT) to target improving optimistic attitudes and decreasing negative appraisals (Andrews & Craig, 1982; Andrews & Feyer, 1985; Craig & Andrews, 1985; Howie et al., 1981; Maxwell, 1982). Further integration of cognitive components to stuttering therapy has used thought-stopping and cognitive relaxation to reduce fears, speech and social anxieties and enhance feelings of responsibility towards maintaining therapy skills (Andrews, Craig, & Feyer, 1983; Craig et al., 1987). Blood (1995) combined a computer-assisted biofeedback program for reducing stuttering with a CBT component which encompassed problem-solving, cognitive restructuring and non-directive supportive counselling. Menzies and colleagues examined the effects on anxiety and stuttering through a CBT package for social anxiety (Menzies et al., 2008). In addition, several review articles have proposed the incorporation of psychological therapies such as CBT and Mindfulness (Boyle, 2011; Menzies et al., 2009) into existing stuttering treatment programs.

Most recently, a review of Acceptance and Commitment Therapy (ACT) programs has highlighted the potential usefulness of this clinical initiative for individuals who stutter (Beilby & Byrnes, 2012). Findings addressing the potential incorporation of ACT programs for individuals who stutter have to date, been positive (Beilby & Byrnes, 2010a; Beilby & Byrnes, 2010b; Byrnes, Hart, Beilby, Blacker, & Schug, 2010).

Unlike CBT programs, ACT does not focus on control or thought regulation but proposes a different approach to the management of experiential avoidance and emotional instability. The focus of ACT in treatment is not an attempt to eradicate negative thoughts and feelings; rather, frustration is reduced through acceptance and a focus on valued living. The six core processes that contribute to psychological flexibility in the ACT model are self-concept, defusion, acceptance, mindfulness, values and committed action (Beilby & Byrnes, 2012; Hayes, Strosahl, & Wilson, 1999).

Under the ACT auspices, the goal of *self-concept* is to develop flexibility in how the person views and defines themselves. The core process of *defusion* promotes behavioural flexibility while *acceptance* teaches the client to embrace emotional and cognitive events without attempts to change. The *mindfulness* process teaches perspective on the present rather than dwelling on thoughts and experiences in the past. The *values* component of ACT clarifies for the client domains of life most meaningful for them and the *committed action* process follows through with goals and future quality of life priorities (Beilby & Byrnes, 2012). In summary, ACT is unique in that it focuses directly on values identification, values clarification, and behavioural decisions linked to personal values. The authors deemed the proposed ACT treatment to be particularly appropriate for a cohort of adults who stutter given that their daily struggle is often defined by the value placed on communicating fluently. Individuals who stutter require treatment that facilitates self-efficacy and self-responsibility (Craig, 1998), and the ACT approach investigated in this study may provide a means for adults who stutter to accomplish these goals.

1.3. Aims of study

The aim of this study was to investigate the statistical effectiveness of an ACT group program for AWS. Specifically, the study examined whether participants experienced significant improvements in: (a) psychosocial functioning, (b) readiness

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