

ACCEPTANCE IN STUTTERING THERAPY:
A CLINICIAN PERSPECTIVE

A Thesis
by
CAITLIN SHEEHAN

Submitted to the Graduate School
at Appalachian State University
in partial fulfillment of the requirements for the degree of
SPEECH-LANGUAGE PATHOLOGY, M.S.

May 2018
Department of Communication Sciences and Disorders

ACCEPTANCE IN STUTTERING THERAPY:
A CLINICIAN PERSPECTIVE

A Thesis
by
CAITLIN SHEEHAN
May 2018

APPROVED BY:

Joseph Klein
Chairperson, Thesis Committee

Kim McCullough
Member, Thesis Committee

Angela Losardo
Member, Thesis Committee

Gail Donaldson
Chairperson, Department of Communication Sciences and Disorders

Max C. Poole, Ph.D.
Dean, Cratis D. Williams School of Graduate Studies

Copyright by Caitlin Sheehan 2018
All Rights Reserved

Abstract

ACCEPTANCE IN STUTTERING THERAPY: A CLINICIAN PERSPECTIVE

Caitlin Sheehan
B.S., Appalachian State University
M.S., Appalachian State University

Chairperson: Joseph Klein

The present study explores the concept of stuttering acceptance by examining the point of view of speech-language pathologists who treat people who stutter. Three main questions were posed: 1) How do speech-language pathologists define acceptance in regards to stuttering? 2) Is acceptance of stuttering important in therapy, and why is it important? 3) How is acceptance of stuttering addressed in therapy? In interviewing six therapists that work specifically with clients who stutter, stuttering acceptance was identified as being multifaceted and vital to the ultimate success of therapy for those who stutter. Each participant shared how they address acceptance of stuttering in therapy. The results of this study clarified the concept of acceptance in stuttering therapy from the clinician perspective in addition to providing a basic, positive therapeutic framework for clients who stutter across the lifespan. Findings indicate that acceptance of stuttering involves clients' (1) understanding that stuttering and its management is variable, (2) being able to tolerate moments of stuttering, and (3) having a positive self-perception.

Table of Contents

Abstract.....	iv
Introduction.....	1
Literature Review.....	1
Method	9
Participants.....	10
Materials & Procedure	10
Credibility	10
Analysis.....	11
Results.....	13
Conclusion	18
References.....	19
Appendix A: Participant Questionnaire	23
Appendix B: Interview Questions.....	24
Vita.....	25

Introduction

In a call for treatment research, Nippold (2011) noted a trend in the stuttering therapy literature towards counseling children to accept their stuttering, thereby “throwing in the towel on the effort to achieve fluency in school-age children” (99). In a letter to the editor, Yaruss, Coleman, and Quesal (2012) responded that stuttering is a multidimensional disorder requiring multiple goals, including acceptance, that can be selected for each person’s individual needs. It is unclear at this time, however, what the beliefs of practicing clinicians are regarding the use of acceptance in stuttering therapy. The purpose of this study is to determine what speech-language pathologists who primarily treat people who stutter believe acceptance means and to what extent acceptance plays in the management of stuttering. In addition, this study aims to identify how acceptance is addressed in therapy and what outcomes are typically realized.

Literature Review

Stuttering involves interference in the forward flow of speech, in the form of disruptions such as repetitions, blocks, and prolongations of sound. As a result, those who stutter often experience physical tension and loss of control while speaking (Yaruss, 2004). Those who stutter are faced with feelings of anxiety, frustration, and shame; not only because of the associated communicative difficulties faced from a young age, but also because of the stigma attached to stuttering. Often, the impact of stuttering leads to pervasive avoidance behavior and negative feelings and attitudes surrounding speaking situations (Pollard, 2012).

Stuttering affects one’s self-image, relationships, and employment. Klein and Hood (2004) found that those who stutter often consider their stuttering to be a handicap in the pursuit of their true calling. Many consumers and speech-language pathologists believe that

fluency is the primary goal of therapy for people who stutter, and that those who stutter should work diligently to become fluent. However, the reality is that total fluency is often not a possibility when treating and managing complex disorders such as stuttering. The role of the speech-language pathologist necessitates that therapeutic measures are tailored to the consumer, taking into account the consumer's needs and desires.

In simplest terms, acceptance is the action or process of being regarded as adequate or suitable. For those who stutter, acceptance follows when resistant behaviors, attitudes, and cognitions surrounding their stutter are shed; in turn, negative appraisals and avoidance behaviors diminish (Pollard, 2012). Acceptance does not imply that an individual should either embrace or ignore difficulties related to stuttering, rather it entails an individual's willingness to recognize and experience a difficulty and address it in a neutral or positive manner (Yaruss, Coleman, & Quesal, 2012).

The term acceptance carries with it positive, neutral, and/or negative connotations, and varies in meaning from person to person. It is important to recognize that clinicians may have a different concept of acceptance than a client, and across clients that concept may vary even further. While the idea of acceptance in the literature often generates feelings of positivity, in reality the word may feel congruent with tolerating one's stuttering or even giving up on working towards more fluent speech. This view might lead to the assumption that in the process of counseling clients to accept their stuttering, a clinician abandons treatment geared towards speech. Many professionals, however, have concluded that stuttering is a multifaceted disorder that impacts each individual differently, necessitating a comprehensive approach to treatment that addresses the needs of the client (Yaruss et al., 2002). Thus, depending on the individual, treatment may indeed involve working to increase fluency,

while also allowing the client to move towards acceptance simultaneously. One's concept of acceptance often changes over time as well, which parallels the process of acceptance itself – it is not a means to an end, rather it is a state of being. It is the clinician's duty to emphasize that acceptance is not giving up, rather it is giving up the active struggle against the problem. It is demanding and challenging work for the consumer, but it is highly beneficial. De Nardo, Gabel, Tetnowski, and Swartz (2016) found that there is a significant positive correlation between self-acceptance and self-esteem. In addition, participants that believed their therapy outcomes to be successful were much more likely to report higher levels of self-acceptance.

Stuttering is complex and involves more than just observable dysfluencies; those who stutter often experience negative affective, behavioral, and cognitive reactions that impact one's ability to participate in daily activities. The World Health Organization (WHO) *International Classification of Functioning, Disability and Health* (ICF) is a framework used to describe and organize information on both functioning and disability. The ICF allows for a description of health that encompasses body function and structure, activities and participation, environmental factors, and personal factors (WHO, 2001). Yaruss and Quesal (2004) concluded that the ICF is effective in describing stuttering, as it examines both the internal and external factors that may impact a person who stutters and can include both facilitating factors (e.g., a positive speech therapy experience) and hindering factors (e.g., negative responses to one's stuttering). In this way, the ICF demonstrates that stuttering is multifaceted and greatly influences quality of life.

Yaruss and Quesal (2006) later designed a tool based on the theoretical framework of the ICF called the *Overall Assessment of the Speaker's Experience of Stuttering* (OASES) in order to collect additional information regarding the outcomes of stuttering treatment from

the perspective of the speaker and his or her experience as a person who stutters. This measurement tool incorporates questions regarding (a) general perspectives about stuttering, (b) affective, behavioral, and cognitive reactions to stuttering, (c) functional communication difficulties, and (d) impact of stuttering on the speaker's quality of life. The OASES adheres to the tenets of evidence-based practice while allowing clinicians and researchers to glean a more thorough evaluation of the outcomes of stuttering treatment beyond just the observable aspects of an individual's speech. Much of the existing literature on stuttering focuses on treating observable moments of stuttering, whereas the OASES examines factors that impact an individual's quality of life, including perceptions of oneself and the world around them.

Research regarding acceptance in those who stutter is limited. However, the available literature and anecdotal evidence indicates that there may be great value in utilizing the concept of acceptance in the management and treatment of stuttering. One goal of integrating acceptance into treating and managing stuttering is to allow a client to lessen or even eliminate their aversion to stuttered speech. Actively fighting against stuttered speech tenses the articulators and heightens autonomic arousal, exacerbating stuttering (Pollard, 2012). Acceptance serves to minimize tension, avoidance behavior, and other negative experiences that result from an individual's active attempt to evade stuttering.

It is important to note that consumers who report successful management stuttering do not report absolute fluency. Plexico, Manning, & DiLollo (2005) found that those who change their former approach to themselves and their abilities as a person who stutters are the most successful in managing their stuttering. With the assistance of clinicians and/or loved ones, individuals take responsibility for the process of change and alter their view of themselves through the process of acceptance. This is not to say, however, that all clients

who stutter will desire this model of management. In a survey examining the desire for fluency versus freedom from the perceived need to be fluent, Venkatagiri (2009) found that eight percent more of the total 216 respondents desired fluency. However, participants that chose freedom over fluency were far more consistent in responses and overwhelmingly opted for freedom in the situations and concepts presented in the survey questions. This suggests that even those who chose fluency as their overarching goal seek a balance between fluency and freedom.

While most clients who stutter desire acceptance to be at least part of their therapy, what therapeutic techniques are most helpful to achieve that goal? Murphy, Yaruss & Quesal (2007) found that activities relating to self-acceptance, such as learning about stuttering, exploring the moment of stuttering, positive self-talk, and learning about other people who stutter, allowed clients to both reduce sensitivity to stuttering and be more open about speech difficulties. As treatment went on, success as a result of these therapy activities was apparent in the way clients perceived stuttering and an increased willingness to participate in speaking activities.

Acceptance and Commitment Therapy (ACT) is another technique used to increase client's acceptance of stuttering. ACT focuses on reducing experiential avoidance, which is particularly applicable to those who stutter, given the natural inclination to evade stressful situations related to speaking. People utilizing avoidance behavior attempt to escape or control stressful situations, and often are not willing to address internal thoughts and feelings (Beilby & Byrnes, 2012). Although it is impossible to eliminate stressful situations, ACT serves to reduce the negative thoughts and feelings that people who stutter associate with their stuttered speech. ACT involves focusing on awareness, acceptance, and understanding

one's thoughts in order to increase psychological flexibility. Psychological flexibility is defined as being present, open, and doing what matters to one's self, which is accomplished by utilizing the core principles of ACT, as outlined by Palasik and Hannan (2013). ACT has the potential to impact the ability of a person who stutters to manage both the physical and cognitive aspects of stuttering in a positive way, and potentially facilitate the application of techniques meant to increase fluency (Palasik & Hannan, 2013). ACT is well-supported in the psychology literature as a means to improve an individual's quality of life. A meta-analysis performed in 2009 examining the effectiveness of ACT found that overall, the participant treated using ACT underwent more improvement than 66% of participants in control conditions (Powers, Zum Vörde Sive Vörding, & Emmelkamp, 2009).

A review examining mindfulness training in stuttering management implied similar successful outcomes. Mindfulness, the concept of focusing awareness of internal and external experiences on the present, without judgment, allows a person to acknowledge and accept feelings, thoughts, and bodily sensations (Boyle, 2011). This review did not include tangible application of mindfulness in stuttering management. However, in applying the tenets of mindfulness to stuttering management, Boyle (2011) posited that the decreased avoidance, increased regulation of emotion, and increased acceptance resultant of mindfulness help to manage cognitive, affective, and behavioral challenges faced by those who stutter.

Examining acceptance as it relates to other areas of research also speaks to the merit that this approach has. For example, an open trial investigating the role that acceptance plays in treating Generalized Anxiety Disorder (GAD) found that an acceptance-based behavior therapy focusing on self-awareness and self-compassion allowed for a reduction in symptom severity and related avoidance behaviors lasting longer than previous forms of treatment

(Roemer & Orsillo, 2007). Those affected by GAD, like those who stutter, are prone to utilizing avoidance behaviors as a mechanism to cope. The success of this acceptance-based approach in GAD treatment may indicate a similar level of success for use in stuttering treatment.

While the process of treating and managing stuttering may include various techniques addressing the tangible act of stuttering, the most comprehensive treatment approach will also endeavor to reduce the negative impact of stuttering. A study examining the responses of 71 participants at a National Stuttering Association convention found that those who had participated in fluency-shaping treatments (techniques to alter breathing, speech rate, voice production, and articulation to facilitate fluent speech) alone were more likely to report that they had experienced a relapse in stuttering than those who had participated in stuttering modification (techniques to increase awareness of stuttered speech, examine and reduce physical tension, and change moments of stuttering to reduce struggle behaviors and stutter in a more relaxed way) or combined treatments.

From a clinical standpoint, fostering acceptance in clients leads to growth; including increased fluency and improved attitudes about speaking and perception about oneself as a communicator (Games, 2013). However, it is vital to understand that acceptance is not something that happens or does not happen; rather it is a continuous, lifelong process that requires support and guidance. In fact, the strongest predictors for acceptance of one's disability, whatever that disability may be, include emotional and social support from family and peers, high self-esteem, and low perceived social discrimination (Li & Moore, 1998). These predictors can be promoted by speech-language pathologists by utilizing acceptance-based therapeutic techniques, as well as providing emotional and spiritual support. There is

certainly an existential component involved in a client's effort to manage stuttering, and it is important for the clinician to provide support as the client is undergoing more than just outward change, they are facing an inner journey as well (Spillers, 2007). Attending to inner issues, such as the acceptance of one's stuttering, ultimately enhances long-term outcomes of treatment.

Cheasman, Simpson, and Everard (2015) examined the literature and found that organizations, therapy groups, and even online communities play an important role in encouraging openness to stuttering by promoting recognition of stuttering as a shared experience rather than an individual problem. In this way, collective groups allow for a more effective shift from quietly struggling against stuttering to challenging stereotypes and prevalent negative stereotypes in a positive and public forum. When a structure of support is available to an individual, acceptance can be understood and obtained more readily.

The concept of acceptance is not clearly defined as it relates to stuttering, as research regarding this topic is limited and existing literature is recent. Stuttering affects not only the speech aspect of communication, but the psychosocial aspect as well. Therefore, the concept of acceptance is especially important to further explore. The current study investigates 1) how speech-language pathologists define acceptance in regards to stuttering, 2) why or why not acceptance of stuttering is important in therapy, and 3) how acceptance of stuttering is addressed in therapy. Qualitative data gathered from semi-structured interviews with speech-language pathologists with a stuttering client-base will serve to elucidate the definition of acceptance and its role in therapy.

Method

This study utilizes a qualitative research design. Damico and Simmons-Mackie (2003, p. 132) define qualitative research as “a variety of analytic procedures designed to systematically collect and describe authentic, contextualized social phenomena with the goal of interpretive adequacy.” Essentially, the goal of qualitative research is to effectively describe and explain the essence of a social phenomenon in a methodical way. Additionally, qualitative research methods allow researchers to study questions of meaning, examine institutional and social practices and processes, identify barriers and facilitators to change, and ascertain reasons for the success or failure of interventions (Starks & Brown Trinidad, 2007). There are several different approaches to qualitative research, including, but not limited to, ethnographies, case studies, and phenomenological studies.

The present study uses a phenomenological approach in order to understand the perspective of speech-language pathologists working with clients who stutter regarding their definition, understanding, and application of acceptance in stuttering therapy.

Phenomenology posits that those who experience a phenomenon, especially those who observe that same phenomenon frequently over time and in varied contexts, will be able to provide the best description of that phenomenon (Moustakas, 1994 as cited in Plexico et al., 2005). Phenomenological research ultimately aims to identify the fundamental structure of a phenomenon and how it presents itself, which in this case involves identifying what acceptance of stuttering is and how and why it is achieved (Valle & King, 1978, as cited in Plexico et al., 2005).

Participants

The present study received IRB exemption at Appalachian State University. Participants in the study included six speech-language pathologists whose client-base consists primarily of children and adults who stutter. Inclusion criteria necessitated that participants (a) had been a practicing speech-language pathologist for at least 5 years, (b) had a client base that consists of at least 50% stuttering clients, (c) would be able and willing to provide detailed descriptions of the phenomenon of acceptance in stuttering therapy.

Materials & Procedure

Participants were provided with a questionnaire consisting of six questions regarding demographic information and information about their experience as a speech-language pathologist. The questionnaire can be found in Appendix A. Following completion of the questionnaire, the participants were individually interviewed via Zoom by the investigators using six open-ended questions. Questions posed to the participants can be found in Appendix B. When interviews were conducted, they were video-recorded and transcribed verbatim. The transcripts were then analyzed separately by the investigators to identify themes. Once the individual analyses were completed, the investigators compared their findings and came to a consensus.

Credibility

In order to address the reliability and objectivity of this study, methods described by Corcoran and Stewart (1998) were applied. Prior to conducting interviews, the primary researcher and her faculty adviser sought to explore and identify their personal and professional biases regarding acceptance and stuttering in order to reduce the impact that their own experiences and/or assumptions might have in the analysis of participant responses.

In that way, the investigators endeavored to better understand the perspective of the participants without allowing their own preconceptions to interfere with the outcomes of the study.

The primary investigator in this study is a fluent speaker with no history of stuttering, has a bachelor's degree in communication sciences and disorders, and was a student enrolled in the second year of a speech-language pathology master's degree program at the time of the study. She believes that to some degree, acceptance should play a role in all rehabilitative services. The second investigator, the faculty adviser, is a person who stutters, has a Ph.D. in speech-language pathology, and had 13 years of experience in the area of fluency disorders at the time of the study. He believes that acceptance plays an important role in therapy and quality of life for at least some clients who stutter.

Analysis

After interviews were conducted and transcribed, the authors identified themes, which served as the primary data for analysis. This data was then organized into discrete categories. Using the constant comparative method proposed by Bogdan and Biklen (1998) as described in Plexico et al. (2005), the data was analyzed inductively, taking into account: 1) individual experiences, 2) recurring themes, and 3) essential structure.

In order to identify individual experiences, the two investigators separately performed an analysis of each transcript, reading each transcript twice. The authors then noted the participant's experiences and interpretations. These noted experiences and interpretations often represented more than one experience, and experiences frequently overlapped one another as well. These portions of text were then copied and pasted into an additional document. In order to come to a consensus regarding what constituted as an individual

experience, the authors reviewed the transcripts and subsequently noted experiences and interpretations together.

The investigators independently grouped individual experiences into themes. They then came together again to discuss these themes and come to a consensus regarding the most salient recurring themes across participants. Lastly, exhaustive descriptions of each phenomenon were developed by integrating the participant's individual experiences and the derived recurring themes and subsequently describing them explicitly. These descriptions provide an understanding of the essential structure of the studied phenomena. The caveat is that this essential structure relies upon a limited sample size and a limited time period. Views on acceptance in stuttering therapy may vary significantly beyond the participating clinicians.

Results

The primary purpose of this study was to increase our understanding of stuttering acceptance by examining the point of view of therapists who treat people who stutter. The present study poses three questions:

1. How do speech-language pathologists define acceptance in regards to stuttering?
2. Is acceptance of stuttering important in therapy, and why is it important?
3. How is acceptance of stuttering addressed in therapy?

Definition of Acceptance

Each participant had different responses regarding the definition of acceptance in stuttering. However, the authors identified one overarching theme across participants: acceptance is multi-faceted, meaning that there is no one clear-cut definition for acceptance, as there are various factors and events that shape what it means for an individual at any given time. While a concise, exact definition may be difficult to identify, the information derived from the interviews informs the essential structure of acceptance in stuttering therapy.

According to the six participants, stuttering acceptance as an overall concept involves

1) acceptance of the inherent variability of stuttering, 2) the understanding that acceptance is an ongoing, nonlinear process 3) a positive self-perception, and 4) tolerance of the moment of stuttering.

Acceptance of the variability of an individual's stutter from day to day, or even moment to moment, is a vital piece of stuttering acceptance: "Acceptance includes the understanding that there will be good days and bad days, but that doesn't reflect how hard you did or didn't work - stuttering is chronic." In that same vein, the process of acceptance is variable, ongoing, and nonlinear. Acceptance is not simply meeting a set goal of 'being ok

with stuttering.’ Rather, it includes multiple facets; understanding stuttering on a deeper level, understanding how other people view stuttering, being open to change, and accepting both the negative and positive aspects of stuttering. Collectively, the participants described the process of acceptance as being on a continuum. One participant described the process as follows: “there are going to be ups and downs, and you’re likely going to question yourself at times, but that is a part of acceptance.”

A positive self-image, and acceptance of one’s self, appeared tantamount to accepting the nature of stuttering; “accepting oneself and the aspects of oneself other than identity as a person who stutters is important.” A person’s perception of the people and world around them is connected to how they might view themselves as a person, and as such, a person who stutters and is working towards acceptance of his or her stuttering needs to be able to accept not only the nature of stuttering, but also the environmental influences and internal/external biases that might affect self-worth. For example, one participant reported that “a client’s perception of how other people perceive their stuttering has a huge impact. The more negatively a person who stutters perceives their stuttering as heard by others, the more negatively they view their own stuttering.”

Tolerating the moment of stuttering, and the physical and emotional components that may coexist, is also indelibly a part of stuttering acceptance. “Acceptance and tolerance of the moment induces change as a by-product.” In other words, if a person is utilizing avoidance behaviors and not actively working on stuttering acceptance during bonafide moments of stuttering, “the intention is no different from before.”

Is acceptance of stuttering important? Why?

All six participants believed that acceptance of stuttering is important. However, as there are clients who come into the therapy process without negative feelings and attitudes towards stuttering, acceptance does not necessarily need to be a primary focus of therapy for all clients. That being said, one participant identified stuttering acceptance as being “the foundation for a lot of the changes that people want to make in their lives and in their speech and stuttering and communication in general.”

Acceptance opens a person up to becoming an empowered communicator through the process of understanding and addressing the impact of stuttering rather than attempting to eliminate stuttering; “stuttering is so cyclical; life is different each day and therefore stuttering and subsequent reactions are different each day. Acceptance is important in understanding and addressing that.”

Furthermore, acceptance can transcend the impact of the variability of stuttering to some extent. Therapy addressing only observable stuttering (i.e. working on cancellations and pull-outs, etc.) might work wonderfully one day, but terribly the next day. Thus these strategies, although efficacious for many in the short-term, may become a significant source of tension for those who have not had therapy addressing acceptance.

How is acceptance of stuttering addressed in therapy?

Each therapist had their own unique way of facilitating acceptance in therapy. For example, one participant spoke about utilizing the concept of self-advertising in therapy. In “encouraging clients to be open with others and expose their stuttering, they systematically desensitize themselves and decrease negative reactions to stuttering.” Another therapist had a similar approach, in that the concept of desensitizing oneself to the moment of stuttering by

“sitting with it and experiencing with no reaction” is ultimately what allows for ongoing acceptance of stuttering.

Another participant had a more subtle approach; by encouraging clients to be involved in stuttering support groups, clients were better able to connect with the topic of stuttering by meeting others with similar experiences. In sharing experiences and meeting others who stutter, a client’s perspective may begin to inherently change and the concept of acceptance becomes easier to connect to.

There were commonalities in some of the overarching ideas and approaches taken by participants in addressing acceptance in therapy. For example, many of the participants indicated that the utilization of avoidance behaviors appeared to negatively impact clients more so than the move towards acceptance of stuttering and emphasized to clients that the benefits of accepting one’s stuttering significantly outweighed the risks. Additionally, the participants all identified the importance of providing education about stuttering to foster further understanding and acceptance; not only for their clients, but also for a client’s family and community. In that way, a client’s environment becomes one of understanding and validation.

Participants also identified that a clinician cannot “teach” acceptance; rather a clinician can help a client understand what the purpose of acceptance is. The goal then is to facilitate the client’s intrinsic motivation for change by providing opportunities to shift their perceptions of stuttering. For example, gently bringing attention to a moment of stuttering and encouraging the client to identify and explore the physical and emotional feelings associated with it fosters a greater understanding of avoidance behaviors. Encouraging self-reflection provides another opportunity to explore acceptance. By reflecting on life

experiences, and working to “peel away the layers” of a particular experience, a client may be able to further foster acceptance in the future and understand how tension or avoidance behaviors may have played a role in past experiences.

Lastly, in order to address acceptance in therapy, several participants shared that clinicians can promote self-empowerment by encouraging the use of “I” statements when a client is discussing his or her stuttering, rather than supporting the unintentional, yet pervasive, view that stuttering is something that happens to a person and is something to be “suffered.” It is also of great importance that clinicians validate the thoughts and feelings of an individual and do not minimize or disregard what they are expressing in order to maintain an environment conducive to acceptance.

Conclusion

In the process of analyzing interviews of accomplished clinicians in the area of stuttering, the concept of acceptance was clarified in such a manner that other clinicians, whether familiar or unfamiliar in providing services for children and/or adults who stutter, can provide therapy that is inclusive of stuttering acceptance. Additionally, clinicians can begin to disseminate the degree to which their client is accepting of his or her stuttering by gaining further understanding of the nature of the psychosocial implications of stuttering and the role that acceptance plays in affecting change.

More research regarding acceptance and stuttering is certainly indicated; the present study is limited to a very specific demographic, a fixed time period, and a small sample size. The existing body of literature is also quite limited; it primarily consists of opinion pieces and case studies. Despite the limitations of this study, it appears to have met its ultimate goal; to explore and understand the concept of acceptance in stuttering therapy from the clinician perspective and to initiate the development of a therapeutic framework that is healthy and positive for clients who stutter across the lifespan.

References

- Acceptance [Def. 2]. (n.d.). In *Oxford Living Dictionaries*. Retrieved January 1, 2017, from <https://en.oxforddictionaries.com/definition/acceptance>
- Beilby, J. M., & Byrnes, M. L. (2012). Acceptance and commitment therapy for people who stutter. *SIG 4 Perspectives on Fluency and Fluency Disorders*, 22(1), 34-46.
- Bogdan, R., & Biklen, S. K. (1998). *Qualitative Research for Education: An introduction to theories and methods*. Boston: Allyn and Bacon, Inc.
- Boyle, M. P. (2011). Mindfulness Training in Stuttering Therapy: A Tutorial for Speech-Language Pathologists. *Journal of Fluency Disorders*, 36(2), 122-129.
- Cheasman, C., Simpson, S., & Everard, R. (2015). Acceptance and Speech Work: The Challenge. *Procedia-Social and Behavioral Sciences*, 193, 72-81.
- Corcoran, J., & Stewart, M. (1998). Stories of stuttering: A qualitative analysis of interview narratives. *Journal Of Fluency Disorders*, 23(4), 247-264.
- Damico, J. S., & Simmons-Mackie, N. N. (2003). Qualitative Research and Speech-Language Pathology: A Tutorial for the Clinical Realm. *American Journal Of Speech-Language Pathology*, 12(2), 131.
- De Nardo, T., Gabel, R. M., Tetnowski, J. A., & Swartz, E. R. (2016). Self-acceptance of stuttering: A preliminary study. *Journal of communication disorders*, 60, 27-38.
- Games, D. (2013). Stuttering Treatment: The Role of Acceptance in the Process of Change. *eHearsay*, 48-51.

- Klein, J. F., & Hood, S. B. (2004). The impact of stuttering on employment opportunities and job performance. *Journal of Fluency Disorders*, 29(4), 255-273.
- Li, L., & Moore, D. (1998). Acceptance of disability and its correlates. *The Journal of Social Psychology*, 138(1), 13-25.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, California: Sage, 1994.
- Murphy, W. P., Yaruss, J. S., & Quesal, R. W. (2007). Enhancing treatment for school-age children who stutter. *Journal of Fluency Disorders*, 32, 121-138.
- Nippold, M. A. (2011). Stuttering in School-Age Children: A Call for Treatment Research. *Language, Speech, and Hearing Services in Schools*, 42(2), 99-101.
- Palasik, S., & Hannan, J. (2013). The clinical application of Acceptances and Commitment Therapy with clients who stutter. *Perspectives on Fluency and Fluency Disorders*. Vol. 23; 54-69.
- Plexico, L., Manning, W. H., & DiLollo, A. (2005). A phenomenological understanding of successful stuttering management. *Journal of fluency disorders*, 30(1), 1-22.
- Pollard, R. (2012). Putting Down the Sword: The Role of Acceptance in Stuttering Treatment. *SIG 4 Perspectives on Fluency and Fluency Disorders*, 22(2), 67-69.
- Powers, M. B., Zum Vörde Sive Vörding, M. B., & Emmelkamp, P. M. (2009). Acceptance and commitment therapy: A meta-analytic review. *Psychotherapy and psychosomatics*, 78(2), 73-80.

- Roemer, L., & Orsillo, S. M. (2007). An Open Trial of an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder. *Behavior Therapy*, 38(1), 72-85.
- Spillers, C. S. (2007). An existential framework for understanding the counseling needs of clients. *American Journal of Speech-Language Pathology*, 16(3), 191-197.
- Starks, H., & Brown Trinidad, S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, 17(10), 1372-1380.
- Valle, R. S., & King, M. (1978). *Existential-phenomenological alternatives for psychology*. Oxford, England: Oxford U Press.
- Venkatagiri, H. S. (2009). What do people who stutter want—fluency or freedom?. *Journal of Speech, Language, and Hearing Research*, 52(2), 500-515.
- Yaruss, J. S., Coleman, C. E., & Quesal, R. W. (2012). Stuttering in School-Age Children: A Comprehensive Approach to Treatment. *Language, Speech, and Hearing Services in Schools*, 43(4), 536-548.
- Yaruss, J. S. (2004). Speech disfluency and stuttering in children. In R.D. Kent (Ed.), *The MIT encyclopedia of communication disorders* (pp.180-183).
- Yaruss, J. S., Quesal, R. W., Reeves, L., Molt, L. F., Kluetz, B., Caruso, A. J., ... & Lewis, F. (2002). Speech treatment and support group experiences of people who participate in the National Stuttering Association. *Journal of Fluency Disorders*, 27(2), 115-134.

Yaruss, J. S., & Quesal, R. W. (2004). Stuttering and the international classification of functioning, disability, and health (ICF): An update. *Journal of communication disorders*, 37(1), 35-52.

Yaruss, J. S., & Quesal, R. W. (2006). Overall Assessment of the Speaker's Experience of Stuttering (OASES): Documenting multiple outcomes in stuttering treatment. *Journal of fluency disorders*, 31(2), 90-115.

World Health Organization. (2001). *International classification of functioning, disability, and health*. Geneva: World Health Organization

Appendix A: Participant Questionnaire

Acceptance: Clinician Demographics

Thank you very much for agreeing to be interviewed about acceptance and stuttering therapy. Please answer the six questions below.

1. What is your first name?
2. How long have you had your CCC-SLP?
3. Are you a Board Recognized Specialist in Fluency Disorders?
4. What is your primary work setting? (hospital, skilled nursing facility, private practice, school, university, other)
5. What percentage of your caseload is with clients who stutter? (0%, 1-19%, 20-39%, 40-49%, 50-59%, 60-75%, 76-90%, 91-99%, 100%)
6. Approximately what percentage of your experience with clients who stutter has been with preschoolers (between 2 and 5), children (between 6 and 12), teenagers (between 13 and 17), and adults (18+)?

Appendix B: Interview Questions

1. What is your definition of acceptance in regards to stuttering?
2. Do you believe acceptance of stuttering is an important part of stuttering therapy?
 - If yes, why is helping clients to accept their stuttering important?
 - If no, can you elaborate on your answer?
3. How do you work on acceptance with clients? What do you do or ask your clients to do to increase their acceptance of stuttering?
4. Is there a difference between acceptance of stuttering and acceptance of self?
5. Some in our field believe that there is a dichotomy between working on acceptance and working on speech management. Is it possible to work on both acceptance and speech change at once?
 - If yes, how do you work on both acceptance and changes in behavioral stuttering with a client?
 - If no, why do you believe this dichotomy exists?
6. Without using names or ages or other identifying information, can you describe one client and how they increased their acceptance of stuttering?

Vita

Caitlin Sheehan was born in Greensboro, NC and grew up loving the both the beautiful coast and the majestic mountains of North Carolina. She received her B.S. in Communication Sciences and Disorders from Appalachian State University in 2016. Her love for the mountains, and for the university, kept her in Boone, NC, and she will complete her M.S. in Speech-Language Pathology in May 2018. Caitlin is particularly interested in patient-centered care and counseling in the field of Speech-Language Pathology.

A huge thank you to my family, my fiancé, John, and Dr. Joseph Klein, who inspired me to pursue this research and was the guiding force behind this project. Also, a huge thank you to the wonderful professors, clinical educators, and staff of the Communication Sciences and Disorders Department – your support and kindness has been without a doubt, life-changing.