Chapter 12

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The Role of the SLT in the Application of ACT in Stuttering Therapy

Purpose and outline of the chapter

The main aim for speech-language therapists working in the field of stuttering, is to best serve the people who seek help. When people who stutter approach a speech and language therapist (SLT), they usually want to change something in their lives, and whatever best serves this purpose can be considered as central to this helping process (Egan, 2014; Ramnerö & Törneke, 2008). This aspect is also highly relevant in clinical work within the field of stuttering. One important aim for speech-language therapists is to focus their stuttering therapy on joint considerations and decision-making principles at an individual level. Several stuttering approaches have been shown to be successful in the short term, but the true test of any therapy lies in the extent to which the changes can be integrated across a range of speaking situations over a longer-term period, or preferably throughout life. In many ways, the use of clinical skills based on, and inspired by, *Acceptance and Commitment Therapy* (ACT), may enable SLTs to achieve an outcome which serves the person on a long-term basis. Some suggestions are shared in this chapter.

The therapists' role considered within the perspective of pluralism

In this chapter, the term 'pluralistic' is used to recognize that there exist many different ingredients (in nature and in society) that together constitute a reality. Within pluralism, an absolute or fundamental truth does not exist. Instead, there are different sources of knowledge which have value, and all sources may have validity (McLeod, 2018). According to McLeod (2018), a pluralistic approach can be re-

garded as an integrative approach, seeking to combine ideas and methods drawn from several approaches. Pluralism includes a wide set of intellectual resources and covers different fields within ethics, philosophy, sociology, politics, theology, and psychology. I am hereby adding speech-language therapy into this list. McLeod (2018) argues that what is true (i.e., valid) is what works for each person in therapy, and what is best for people will vary, depending on personal, inter-relational and contextual factors. Pluralism within a philosophical context refers to the idea that "there is no single correct answer to central questions of human existence" (McLeod, 2018, p. 13). The basic principles within pluralism, as well as the *Multidimensional Individual Stuttering Therapy* (MIST) described in chapter 9, are grounded in the concept that people who stutter are the real heroes and heroines, and that the SLT is just a 'guide' or a 'provider' of some resources (McLeod, 2018), which a person might benefit from at a specific time during his or her life journey.

This stuttering therapy is based on a fundamental aim to find strategies, tasks or therapy elements that work best for a client at a particular time-point in his or her everyday life. Goal-led therapy might only reach a gold standard if the client and the clinician are constructing something meaningful together. This builds on shared decision-making around tasks and personal goals, and that the clinician and clients are together exploring the available possibilities, and combining elements in a way that best fits the clients' goals and preferences. Different stuttering approaches may involve a "direct linkage between goal identification, and what happens on a moment-by-moment basis in therapy" (McLeod, 2018, p. 95), which is in line with the pluralistic approach. It may be that stuttering approaches should be experience-based more than educationally- or theoretically-based. In a wider sense, this can emphasize a person's own experiences of exploring therapy elements, tasks, and options, and evaluating which of these elements are helpful in their everyday life. In this way, clients may become active individuals and researchers in their own communicative contexts. The person who stutters and the SLT are constructing something meaningful together, reflecting the collaborative perspective in the pluralistic approach. Within the pluralistic perspective, therapists are regarded as improvisers, crafters, artists or designers, who can learn from clients and improvise. In a collaborative manner, the client and therapist observe communication and/or life to gain a sense of the possibilities that exist, using this collaborative space to improve, for example, overall speaking ability, confidence in communication, or general well-being in life. The therapist must work flexibly, and therapy is considered successful if clients have achieved their goals or are satisfied with what they have achieved. The idea that clients decide what constitutes successful therapy is highlighted in the 'alliance theory' (Flückiger, Del Re, Wampold, & Horvath, 2018; Nissen-Lie et al., 2013; Nissen-Lie, Monsen, & Røn-

nestad, 2010; Nissen-Lie, Havik, Høglend, Rønnestad, & Monsen, 2015; Oddli, Nissen-Lie, & Halvorsen, 2016; Wampold, 2015). The importance of a strong working alliance between clinicians and clients, and how the quality of this alliance may influence therapy outcomes is described in more detail in chapter 9.

A pluralistic approach within stuttering therapy is value-based in terms of maintaining and enhancing clients' awareness of personal values. Participants can work toward increasing their awareness, and participation in daily life, rather than being preoccupied with trying to be 'stutter free' or to hide their stuttering from the world (Beilby, Byrnes, & Yaruss, 2012). It may therefore be necessary for the SLT to create an environment where the person who stutters can perform a specific task, action, or change, whilst simultaneously observing their own thoughts, feelings, and physiological experiences in the moment. During the collaborative work in clinic, rather than providing detailed verbal instructions for changes people could make or experiment with, SLTs can encourage people who stutter to observe and feel their own experience, and to continue practicing and developing awareness of self, both in and beyond clinic. However, for an individual to be consciously aware of physical sensations, while remaining present and responsive within their social environment, requires a high degree of skill. This reflects the work of Gilman (2014), who identified a difference between 'outside in' and 'inside out' learning, regarding both processes as important contributors. The way people train to do a new task with active attention to it, or awareness of what and how they are performing the action is, according to Gilman, the body's way of learning. These are sensations that people must learn to notice if they are going to make changes that matter. The pluralistic approach builds on shared decision making around tasks and personal goals. Further, it emphasizes the need for clinician and client to explore the available possibilities together, and combine elements in a way that best fits the client's goals and preferences. The focus of values is also highlighted in *Acceptance and Commitment Therapy* (ACT), which is described below.

Clinical work within the perspective of *Acceptance and Commitment Therapy*

One approach which seems to be increasing in popularity within the field of stuttering is *Acceptance and Commitment Therapy* (ACT). ACT is built upon functional contextualism and is part of the 'third wave' of behavioral therapies, along with dialectical behavior therapy (DBT), mindfulness-based cognitive therapy (MBCT), compassion focused therapy (CFT), and functional analytic psychotherapy (FAP) among others (Harris, 2019). ACT places a major emphasis on acceptance, mindfulness, and compassion interventions in addition to traditional behavioral interven-

tions (Harris, 2019; Hayes, Barnes-Holmes, & Wilson, 2012). ACT combines acceptance and mindfulness processes with behavior change processes. Luoma, Hayes, and Walser (2017) define ACT thus: "ACT is a psychological intervention based on modern behavioral and evolutionary principles, including RFT [Relational Frame Therapy], that applies mindfulness and acceptance processes, and commitment and behavior-change processes, to the creation of psychological flexibility." (p. 35).

Humans use language in both public and private domains, and within ACT, the public use of language includes forms such as talking, gesturing, writing, painting, singing, dancing and acting, while private use of language includes forms such as thinking, imagining, daydreaming, visualizing, planning, fantasizing and worrying (Harris, 2019; Hayes, 2005). In ACT the workings of the mind are regarded as human language, and this is neither friend nor enemy. The aim of ACT is to create a rich and meaningful life where, even in periods with tremendous pain and suffering, there is an opportunity to find meaning, purpose and vitality (Harris, 2019). ACT is founded on Functional Contextualism (Hayes, Barnes-Holmes, et al., 2012; Ramnerö & Törneke, 2008). Functional Contextualism emerges from contextualism (Ramnerö & Törneke, 2008) and highlights the 'act in context', where any event or ongoing act must be seen and analyzed in its current environmental or historical context. Contextualism emphasizes the practical application of ideas by acting on them, so as to be able to test the nature of knowledge, concepts, meaning and science, as found in human experiences in real world settings (Benton, 2011; Ramnerö & Törneke, 2008). Contextualism claims that the truth cannot be understood outside of its environmental context, and analyses based on functional contextualism are stated to be true or valid insofar as they lead to effective action, or achievement of some goal, in the relevant context. Functional contextualism is intended to be a holistic approach, where *the whole* is understood in relation to context rather than assembled from elements (Hayes, Strosahl, & Wilson, 2012). In functional contextualism, the truth is regarded as local and pragmatic, and the truth for one person does not need to be the truth for another person.

Within the framework of ACT, different ways of thinking or speaking have different consequences, and cognitive flexibility is guided by workability, not by the demand for consistency. According to its founders, ACT focuses on the process of thinking, and both clinicians and clients are advised to examine thoughts as they unfold, and then consider the "practical workability in any given situation" (Hayes, Strosahl, et al., 2012, p. 36). ACT has an empirical base (Davies, Niles, Pittig, Arch, & Craske, 2015; Eustis, Hayes-Skelton, Roemer, & Orsillo, 2016; Wetherell et al., 2011; Østergaard et al., 2019) that addresses individual and life values, and has the ability to contact the present moment more fully as a conscious person. The main goal of ACT is to foster psychological flexibility, which is regarded

as the ability to be present with full awareness and openness to experiences in life, and to take action guided by the person's own values (Harris, 2019). Psychological flexibility can be fostered through the following six core therapeutic processes (Harris, 2019; Hayes, 2016):

- A focus on the present moment (to be here and now)
- Self as context (perspective-taking sense of oneself)
- Defusion (to step back and watch your thinking)
- Acceptance (to open up)
- Live your values (to know what matters)
- Committed action (to do what it takes)

These six core processes can be seen in the following figure below which is known as the '*ACT hexaflex*' (Hayes, Strosahl, et al., 2012):

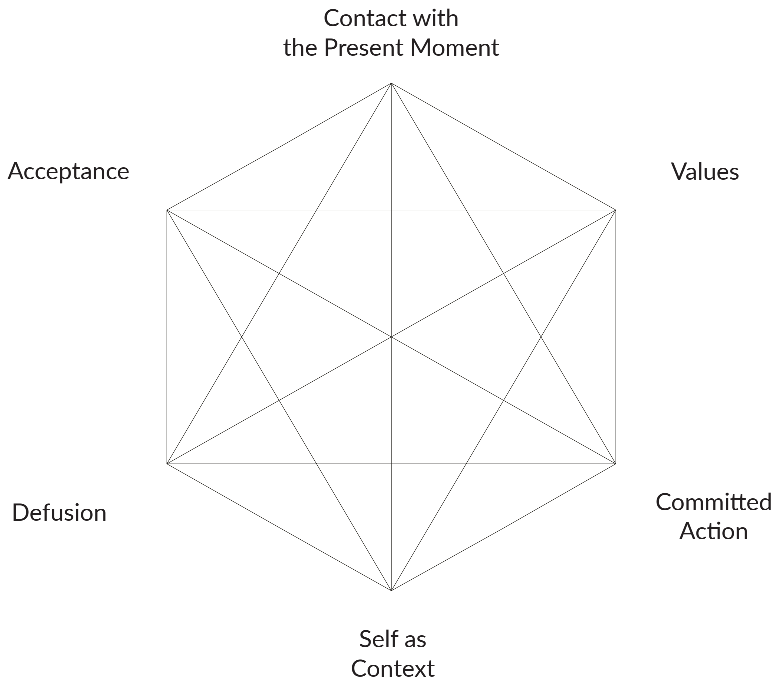

Figure 1: The ACT Hexaflex

According to Harris (2019, p. 11), these six core processes should not be considered as separate processes, but rather as *six facets of one diamond*. The six processes can further be categorized into three pillars of flexibility: 'open', 'aware', and 'engaged' (Harris, 2019; Hayes, 2016). The processes 'defusion', 'acceptance', 'self as context'

and 'contact with the present moment' are regarded as the four core mindfulness processes ('flexible attention') and comprise the term 'mindfulness' in ACT. Therefore, within the framework of ACT, mindfulness can be referring to any or all of these four processes. A central concept in ACT is that by developing a more psychologically flexible stance, there seems to be a greater chance of becoming aware of uncomfortable experiences, whilst at the same time focusing on what a person wants life to be about (Hayes, 2016). To facilitate psychological flexibility, the six core elements in ACT can be worked on in any order, and the person can decide on his/her own priorities. ACT is intended to help the person accept that which cannot be controlled, and commit to action that will enrich life (Harris, 2019; Hayes, 2005). The pragmatic perspective in ACT puts the emphasis on specifying values and truth by defining what works for each person. According to the founders of ACT, all therapeutic interactions are considered in the way they relate to the client's chosen values and goals, and the primary consideration is whether the actions or thoughts are working in practice (Hayes, Strosahl, et al., 2012).

Stuttering management considered within the perspective of ACT

Combining stuttering management with elements of ACT is not new, as already highlighted by a number of authors (Beilby et al., 2012; Cheasman, Simpson, & Everard, 2015; Harley, 2018; Plexico & Sandage, 2011; Scott & Jaime, 2013; Sønsterud, Halvorsen, Feragen, Kirmess, & Ward, 2020). As described earlier, psychological flexibility is one of the key components of ACT, and it is worthwhile for all of us – including people who stutter – to develop it. In ACT, awareness skills and awareness exercises are introduced in different ways, and short exercises – for example involving noticing the breath or observing changes in the body (e.g., through kinaesthetic feedback) – may help a person to improve awareness and access a better connection with the present moment. To facilitate psychological flexibility, the six core elements in ACT can be worked on in different orders, based on the person's own decisions and main priorities. Evaluation of symptoms is not an aspect of ACT, where reducing or eliminating symptoms is not a specific goal. It might, therefore, seem paradoxical to work toward reducing the negative impact of stuttering while simultaneously focusing on increasing participants' acceptance and awareness of it. Various researchers have debated this issue (Beilby et al., 2012; Cheasman et al., 2015; Nippold, 2012; Yaruss, Coleman, & Quesal, 2012). Beilby and colleagues (2012) concluded that it is possible to work towards both of these goals, and that the two goals can complement one another. I also support the consideration of Cheasman et al. (2015), in that by improving awareness, and desensitization and externaliza-

tion processes, an individual may develop better tools to cope with stuttering – including over the long term.

In ACT, acceptance means opening up, making room for, and allowing painful feelings, sensations or emotions to be as they are (Harris, 2019; Hayes, Strosahl, et al., 2012). Within the framework of ACT, accepting the existence of stuttering does not necessarily mean liking or wanting it, but rather making room for the stuttering and fostering curiosity about it (Cheasman, Simpson, & Everard, 2013; Sønsterud et al., 2020). Hayes, Strosahl, et al., (2012) suggest that the word *acceptance* can carry negative, non-therapeutic connotations for some people who stutter. Therefore, in the ACT approach, Cheasman et al. (2015) recommend introducing the concept of acceptance via terms such as 'friendly curiosity', 'making space for', and 'willingness' rather than using the word 'acceptance' itself. Acceptance is one of the cornerstones of ACT and is part of the six core processes described earlier. I recommend the work of Everard, Simpson and Cheasman (2013, 2015), as well as Everard and Cheasman's chapter in this handbook, where they are highlighting issues and challenges around acceptance in relation to stuttering.

In the ACT process of clarifying values, the overall question is to ask ourselves whether a particular action or behavior is taking us *towards* or *away* from living the life we really want (Harris, 2019). According to Harris, any activity or behavior can be a 'towards move' or an 'away move', depending on the individual's context, see figure 2 below.

Figure 2: The Choice Point (Harris, 2019)

Harris (2019) suggests that the four mindful core processes described above ('defusion', 'acceptance', 'self as context', and 'contact with the present moment') can be used in any combination as 'unhooking skills'. These aim to 'unhook' the person

from difficult thoughts and feelings, with the aim of reducing its impact and influence over overt and/or covert behavior.

In order to understand instances of human suffering, the term 'hooked' is used to refer to two core processes which are involved: 'cognitive fusion' and 'experiential avoidance', which ACT regards as responsible for most of the psychological suffering (Harris, 2019; Hayes, Strosahl, et al., 2012). Cognitive fusion means that thoughts might dominate behavior, thus defusion means separating or distancing from these thoughts. Experiential avoidance means trying to avoid, suppress, escape or get rid of unwanted *'private experiences'* (Harris, 2019; Hayes, 2005). Although these processes can be regarded as typical and even sometimes life-enhancing in certain contexts, the same processes can become hindrances for living a rich and meaningful life (Harris, 2019). This might be a reality for some people with stuttering too. A 'towards move' refers to any committed physical and/or psychological action which is guided by the person's values (Harris 2019). According to Hayes, Strosahl, et al. (2012), when we learn to *'turn inwards'*, normal instances of *psychological pain* become a central focus of our everyday problem-solving.

In this way, several elements of ACT may add important aspects to working within stuttering therapy. By identifying the stuttering- and speech-modification, and/or awareness-based elements which may appear meaningful for each individual, it is hoped that therapy might be a positive contribution to the further development of a person who stutters. Examples of how ACT is used in combination with stuttering- and speech-modification strategies can be seen in, for example, the MIST approach (Sønsterud et al., 2020), and could also easily be integrated into other stuttering approaches. Combined with stuttering- and speech-modification interventions, awareness-, and value-based elements from ACT could constitute a holistic and individual stuttering-management program which has been shown to be helpful for several people who stutter (Sønsterud et al., 2020).

Exposure therapy, within traditional behaviour therapy, is a technique used to treat anxiety symptoms, and may involve exposing the person to the anxiety sources or their context, with the aim of helping the person overcome the anxiety or distress (Beck, 2011). ACT also incorporates exposure-based strategies, but the focus is not to reduce symptoms of anxiety and distress. In ACT terms, exposure exercises may help people to remain present and aware, regardless of the levels of distress they experience. ACT is aiming to connect people with values, and to help them realize that no matter how difficult their situations are, they still have choices. To live by their values could mean to change whatever they can to improve the situation, but at the same time make room for the pain and/or distress that goes with it (Harris, 2019; Hayes, 2016). In other words, when anxiety and psychological distress are present, how do people want to respond differently in terms of values-guided action?

Adding ACT practices may further the benefits of exposure therapy by allowing a person to practice defusion. Having a more mindful perspective on thoughts, feelings and/or situations, and seeing thoughts as neither negative nor positive, but simply as 'thoughts', may increase behavioural flexibility (Harris, 2019; Hayes, 2005; Hayes, Barnes-Holmes, et al., 2012). Hayes and colleagues highlight that a mindful approach can strengthen a more vital value-consistent life. In this way, several elements of ACT add important aspects to the field of stuttering and could be one of the pillars of an individual stuttering-management program. Along with their stuttering, and in spite of it, people need to notice when they are making 'towards moves', and notice what that is like, and what difference it makes in their daily life. Several participants who stuttered in the MIST study (Sønsterud et al., 2020) chose to combine exercises which exposed them to communication situations. The choice to explore and transfer speech- and/or awareness-based actions into daily life settings seemed to be linked to the principles for coping in real-world settings (Sønsterud, Feragen, Kirmess, Halvorsen, & Ward, 2019). Furthermore, outcome goals were broadly-based, mainly relating to people's daily life situations, and which were important to them (Sønsterud, 2020). These will be described in more detail below.

Individual goals in stuttering therapy

According to McLeod (2018) and Wampold (2015), people's goals can be stated, but cannot always be easily evaluated because they may need to be broken down into specific, meaningful and measurable sub-goals or tasks which contribute towards the larger goal. These different goal levels can be classified as *process goals* and *outcome goals*. Outcome goals are goals that have the ultimate desired outcome as the target, and process goals are specific actions or processes of performing (Zimmerman & Kitsantas, 1997). For example, as reported in Sønsterud et al. (2019), a person might initially state that his or her goal is to improve speech fluency, reduce stuttering or even get rid of stuttering altogether. In such cases, the SLT may probe further, asking what would happen or what would be different for the person if they achieved this goal. Some participants in the treatment study by Sønsterud (2020) nuanced or expanded their goals, for example responding with "If I was stuttering less, I would be able to reach my academic potential", or "Improving the fluency of my speech would help me to improve social life", or "If it was not for my stuttering, it would be easier to find a partner". In these examples, the goals in their initial form were related to their stuttering. Based on the responses of the majority of participants in the tudies by Sønsterud et al. (2019, 2022),

increasing speech fluency or gaining a sense of control over the stuttering were regarded as highly relevant goals. According to Zimmerman and Kitsantas (1997), goals such as these might be defined as process goals rather than outcome goals, since several participants felt that increasing speech fluency or reducing stuttering would contribute to the attainment of broader goals such as optimizing educational achievement or increasing social participation (see Sønsterud et al., 2022 for a recent discussion). It is interesting to consider the extent to which participants characterize the therapy process as interreacting with their relationships and social participation. There are many ways for the SLTs and the person who stutters to reflect upon values throughout the therapy sessions, and some of the following questions could be asked. For example, “What sort of a person would you like to be?”. “How would positive changes in ways of relating to others be observed?”. “When people are acting more on their values, what would be noticed by them regarding their behaviour, or what would they do more of?”. “What difference does it make in life?”. “Can increased confidence in communication contribute to a richer or more meaningful life?”.

Binder, Holgersen, and Nielsen (2010) reported correlations between positive therapy outcomes and therapy components which cluster around four themes: establishing new ways of relating to others; reduced symptomatic distress or changes in behavioural patterns contributing to suffering; increased self-understanding and insight; and accepting and valuing oneself. Ideally, outcomes of stuttering therapy will reflect the outcomes which people themselves regard as significant. The individual experience of goal achievement in the study of Sønsterud (2020) was described by people as taking place in a variety of life domains. When explored through dialogues and shared reflections in therapy sessions, the achievements were often related to a general wish to experience and participate in life more fully and, based on responses from participants throughout the study (Sønsterud, 2020), it seemed that most of the participants (16 out of 18) did experience the attainment of broader outcome goals. Examples included people who had hitherto avoided telephone calls, but after therapy were using the phone almost every day; a grandparent who did not enjoy talking, and avoided social settings as often as possible, but become more socially active and interacted much more with his grandchildren; three employees who chose to avoid situations or strived to be as ‘invisible’ as possible in work settings, but who become more confident in speaking situations and sought out social situations to participate in. Other examples are a parent who avoided reading aloud, but started to enjoy reading bedtime stories for his children; two young men who started enjoying dating; and a person who previously felt unable to pursue higher education due to stuttering, but who has today finalized his study at one of Norway’s most prestigious universities.

Those people who stutter and seek speech therapy usually have ideas about what they want to gain from the therapy process. During initial discussions, the SLT can begin to form a general sense of the person's speech, stuttering, personality, and communication style, and gather information about how the person functions in various environments. This information gathering includes observation of both verbal and non-verbal traits, formal stuttering measures, and informal observations, talks and interviews; all to form an impression of what is important and meaningful for the individual. The SLT should spend time identifying the person's goals, and developing an understanding of what these goals really mean to them. At the same time, it is important to give the person a feeling that the work of change can start as soon as possible, both to give them something concrete to work upon, and to facilitate their motivation for therapy. All these aspects are considered important because they 'anchor' the therapy process, and help create a sense of collaboration and shared purpose (McLeod, 2018). As pointed out earlier, overall, therapy should be continually assessed and integrated into what matters for each person (Duncan, Miller, Wampold, & Hubble, 2010).

Improving awareness and doing what matters

Mindfulness is a mode of awareness that is evoked when attention is regulated (Hayes, Strosahl, et al., 2012). According to Kabat-Zinn (2003), mindfulness means paying attention in a particular way that is deliberate, in the present moment, and non-judgmental. As described earlier, awareness skills and awareness exercises are introduced in flexible ways, and short exercises involving, for example, noticing the breath or noticing what's happening in the body can help a person by improving awareness, and getting better contact with the present moment. Behavioural awareness within the context of stuttering therapy may also refer to the extent to which an individual can feel, and be consciously aware of, what he or she is physically doing when speaking and/or stuttering. Clinical work in this area may involve supporting the person in improving awareness of factors such as breathing patterns, voicing, and/or physical sensations in the body, as well as clarifying values; always remembering to acknowledge that the body and voice is working as one, and that the individual is best placed to decide what they find optimal.

Although varying individually and contextually, stuttering can have a negative impact on relationships, education, career, and social life, and can significantly influence both communication and quality of life (Bricker-Katz, Lincoln, & Cumming, 2013; Craig, Blumgart, & Tran, 2009; Erickson & Block, 2013; Manning & Beck, 2013; O'Brian, Jones, Packman, Menzies, & Onslow, 2011; St. Louis & Tellis, 2015;

Steine & Inglingstad, 2013; Yaruss, 2010). Lack of belief in one's ability to speak can lead to avoidance behaviors and social withdrawal. Anxiety may 'creep into our muscles' and cause tension in our body. For many people who stutter, daily life with a speech condition that potentially affects their social interactions can exact a psychosocial and psychological toll. According to Craig, Blumgart, and Tran (2011), there are three unique contributors to adaptive outcomes: self-efficacy, social support and healthy social functioning. Clinical experience suggests that the individual's general social functioning might be a decisive factor which can affect therapy outcomes, along with – among others – their degree of awareness, social skills, overall speaking ability, and self-discipline. As a form of behavior therapy which addresses emotions, ACT can involve committed action by the individual in work, educational, or social settings. According to Harris (2019), values are desired qualities of ongoing actions, and are the heart's deepest desires for how we want to treat ourselves, and others. Values are like a compass which gives us direction, and keeps us on track in life. There are lots of resources/materials for using ACT which are available in the ACT literature. To integrate ACT processes such as living your values and to do what it takes (committed action), useful worksheets have been developed, such as for example the Bull's eye (Luoma et al., 2017). The Bull's eye is a brief values measure covering four key life domains: work and education, leisure, personal growth and health, and relationships. According to Harris (2019), values are consciously chosen to bring desired qualities to our actions. He states further that values need to be freely chosen. Values are not like commandments we must obey, but rather to be aware of, and use for guidance. Harris (2019, p. 217) compares values with a compass metaphor in the following statement: "When you go on a journey, you don't want to clutch the compass tightly every step of the way – you want to carry it in your backpack, pull it out when you need it to find your way, then put it away again." Chapter 9 provides a more detailed presentation of stuttering management and awareness-based work. This chapter may be practical to read to gain more ideas for improving skills within stuttering therapy.

SLTs' significant role in the outcome of therapy

There is a multiplicity of factors which can potentially influence treatment outcomes. Indeed, one can speculate that the critical elements for successful therapy might result from the interplay of a range of factors, including the intervention itself, characteristics of both the client and clinician, and aspects of the interaction between the SLT and the person who stutters. For example, we know that SLTs' competence and the degree of professional trust in them play an important role

within the framework of goal-directed therapy (Manning, 2010; Plexico, Manning, & Dilollo, 2005, 2010; Sønsterud, Kirmess, et al., 2019). In the fields of both psychology and speech-language therapy it has become evident that the contrasts between treatment approaches do not account for all the therapy outcomes. Meta-analyses have further indicated that clinician variability in the working alliance potentially has a greater influence on therapy outcomes than client variability (Flückiger et al., 2018; Flückiger et al., 2019). Some researchers have found that a clinician's interpersonal style influences both the quality of the alliance and the therapeutic process (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Heinonen & Nissen-Lie, 2019; Nissen-Lie et al., 2013; Oddli & Halvorsen, 2014). We would also include the clinician's interpersonal style, and, for SLTs working with individuals who stutter, the continued relevance of their flexibility, honesty, respect, trustworthiness, confidence, warmth, interest, and openness, highlighted by, for example, Ackerman and Hilsenroth (2003) or Van Riper (1973). These aspects mirror, for example, the work of Miciak and colleagues (2018), who identified four main conditions necessary for establishing a therapeutic relationship: being present, receptive, genuine and committed. The authors (ibid.) state further that these conditions, in conjunction with applying communication skills, represent the intentions and attitudes of both the clinician and client (see Sønsterud et al., 2019, for further information).

Although the findings of the study by Sønsterud, Kirmess, et al. (2019) identified significant associations between the quality of the working alliance and treatment outcomes, strong associations between a client's motivation and willingness to set aside time for self-training and treatment outcomes were also found. Furthermore – based on findings in the MIST study (Sønsterud et al., 2020), strong associations were found between overall satisfaction with the stuttering therapy, and therapy outcomes at both 6 and 12 months post-therapy. This may indicate that several tasks included in the MIST approach were regarded as useful in daily life settings.

Although there is a consensus that SLTs should openly and honestly discuss an individual's goals and expectations for therapy, personal motivation for therapy and the impact of the working alliance for people who stutter have rarely been investigated. From a perspective of dispositionalism (Kerry, Eriksen, Lie, Mumford, & Anjum, 2012), the greatest causal link can be seen in single-instance cases, as exemplified in the following question: "How effective may a particular clinician be with a particular client at a specific time-point?". A dispositional account emphasizes the importance of people's background conditions in understanding causes, recognizing that the therapy is not only the factor which influences outcomes. Kerry et al. (2012, p. 1008) suggest that "causation is what is added to a situation that interferes and changes the outcome" and, within the framework of dispositionalism, the added factor is causally powerful only when the factor is causally related to at least

some of the factors already involved. According to Logan (2015), discussions with clients about therapy preferences can offer important insights into a person's experiences with stuttering. Logan (2015) further suggests that SLTs must be prepared to adapt therapy approaches to meet the needs and goals of each person, and to carefully consider the effect of such adaptions by collecting information monitoring how the person is responding to specific elements within the therapy. These aspects have been highlighted in this chapter, and they also support the main facets of the pluralistic approach (McLeod, 2018). As mentioned above, the pluralistic approach builds on shared decision-making principles. Several authors within the field of stuttering have also highlighted this aspect (Finn, 2003; Logan, 2015; Manning, 2010; Shapiro, 2011; Sønsterud et al., 2020; Ward, 2018).

According to Miller et al. (2010, p. 424), clinicians do not need to know in advance what approach to use, but rather need to be able to recognize if the current relationship "is a good fit and, if not, be able to adjust the treatment and accommodate the client's experience and goals". Nissen-Lie et al. (2017) state that there is a link between the therapists' self-report and the therapy outcomes. Therapists may serve as role models for their clients when the therapists allow themselves to reflect on their share of any difficulties that may arise within the clinician-client relationship. The authors (ibid.) suggest that clients may use this stance as a model in their own everyday struggles, and adapt their coping process when they are feeling distressed. The authors (ibid.) advise to foster an atmosphere that is characterized by tolerance for not knowing, embracing ambiguity and admitting to shortcomings and limitations without fear of losing face or authority (Nissen-Lie et al., 2017, p. 57). Nevertheless, as Miller et al. (2010) explain, still too little is known about successful therapists. I doubt that 'the best SLT' or 'the best stuttering therapy' exist. The studies of Sønsterud et al. (2019, 2020) have, rather, documented multiple factors which may influence therapy outcomes, including factors related to the SLT. A person's wishes and goals in therapy may change over time, as well as their readiness for treatment. Therapy should, therefore, always include consideration of the client's current expectations and goals through collaborative exploration and reflection throughout the therapy sessions. What I can state, in accordance with several other authors (McLeod, 2018; Shapiro, 2011; Stewart, 2020; Wampold, 2015; Ward, 2018), is that within the perspective of individual stuttering therapy, SLTs need to be even more sensitive to clients' characteristics, needs, motivations, values, responses and individual therapy outcomes.

Research in the field of psychotherapy demonstrates that individually-centered treatment and self-managed training can be efficiently implemented by a trained clinician (Benum, Axelsen, & Hartmann, 2013; Nissen-Lie et al., 2013; Oddli & Halvorsen, 2014; Oddli & McLeod, 2016). Clinical experience and research has also

demonstrated that quality of life and psychological health can be significantly improved for adults who stutter, when therapy is tailored to their specific needs (Baxter et al., 2015; Beilby et al., 2012; Craig et al., 2009; Langevin, Kully, Teshima, Hagler, & Narasimha Prasad, 2010), yet to date, there has been little focus on the multiplicity of factors which can potentially influence treatment outcomes. When considering resources, therapy elements, training implications, and clinician effects, there remains much to understand. In a range of stuttering treatment approaches, it remains unclear which factors account for the observed changes. For example, Baxter et al. (2015) point to the need to debate how a significant reduction in frequency and severity of stuttering might influence the everyday functioning of a person who stutters, and I support this concern. Exploring the extent to which the procedures have personal significance for individuals within their daily life, and whether such changes can contribute to improved general well-being and quality of life, is of great value. The inclusion of qualitative data, in addition to quantitative data, is appropriate in considering how the stuttering management is functioning in a meaningful and context-sensitive way.

Conclusion

The use of clinical skills based on, and inspired by, for example the *Acceptance and Commitment Therapy* (ACT), seems to enable SLTs to achieve important skills in speech-language therapy, and which may serves the person on a long-term basis. There are several ways to manage stuttering, and some people cope very well with their stuttering, with no need for professional support. Nevertheless, many people who stutter seek support. Some have successfully developed a relationship with an SLT, often with support and encouragement from others, but there are still many who have not been able to establish a supportive collaboration with a SLT. There are many reasons for this, including but not limited to, the individual's location, limited local provision of SLT services, and access to such services. There may also be individuals who do not trust SLTs or who have had previous negative experiences with therapy for stuttering. This is a very sad fact. But, by improving knowledge of, and competence in, psychotherapeutic skills within the field of speech-language therapy, I believe it is even more possible to improve skills as a speech-language therapist.

Multiple Choice Questions

1. The main aim for speech-language therapists should be to focus their stuttering therapy on:
   a) Changing the stuttering for the better.
   b) Following the guidelines within a particular therapy approach.
   c) Joint considerations and decision-making principles at an individual level.
   d) Teaching fluency techniques.
2. The four core mindfulness processes in ACT are:
   a) Defusion, acceptance, self-as-context, and contact with the present moment.
   b) Acceptance, committed actions, contact with the present moment, and defusion.
   c) Contact with the present moment, defusion, live your values, and acceptance.
   d) Self as context, defusion, acceptance, and live your values.
3. To understand instances of human psychological suffering, ACT refers to two core processes, which are:
   a) Cognitive and emotional fusion.
   b) Turning inwards and turning outwards.
   c) Cognitive fusion and experiential avoidance.
   d) Experiential and emotional avoidance.
4. According to Craig, Blumgart and Tran (2011), there are three unique contributors to adaptive outcomes:
   a) Social support, healthy social functioning, and increased acceptance.
   b) Self-efficacy, social support, and healthy social functioning.
   c) Self-efficacy, self-confidence, and healthy social functioning.
   d) Healthy social functioning, an exciting career, and self-efficacy.

Suggested reading

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