Addressing “Acceptance” with Teenagers who Stutter in a Weeklong Intensive Stuttering Therapy Program

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Background

- Acceptance has been described by many professionals and people who stutter as a key component of their own success in managing or coping with the experience of stuttering.  
- Acceptance-based interventions seem to improve clients’ quality of life and decrease anxiety.  
- For example, Acceptance and Commitment Therapy (ACT) has been shown to improve readiness for change, psychosocial functioning, mindfulness skills, and fluency for adults who stutter.
- Research on acceptance in stuttering therapy has focused on adults who stutter. Addressing the construct of acceptance with younger populations could be beneficial for treatment outcomes.  
- Adolescence is a critical neuro-developmental period for cognitive and affective development.  
- Considering that negative cognitive and affective consequences related to stuttering can occur, treatment approaches that address these aspects of stuttering may be uniquely warranted during this stage.
- We propose that stuttering-related acceptance may be a crucial component of how teenagers manage or cope with stuttering. Further, we hypothesize that stuttering-related acceptance is related to the impact of stuttering on adolescents’ lives.

Research Questions

1. How do adolescents define stuttering-related acceptance?
2. Can stuttering-related acceptance change over the course of a weeklong intensive, integrative stuttering program?
3. Is degree of acceptance predicted by stuttering severity and/or the impact of stuttering on teens who stutter?

Methods

Participants:
- 12 teens (age 13-15) who stutter (TWS) who attended the US SPEAKS summer program in June 2016 at the University of Iowa.
- 12 graduate student clinicians (supervised by licensed speech-language pathologists) trained in this study’s procedures.

Intervention:
- This one-week intensive, residential program integrates behavioral and cognitive treatment approaches.
- TWS received 5 hours of therapy a day (2.5 hours of group therapy + 2.5 hours of individual therapy) for 5 days (total of 25 hours of direct service).
- Specific therapeutic techniques used to address cognitive and affective components of stuttering included motivational interviewing, tapping into signature strengths, and examining decisional balance. We propose that these therapeutic tools promote similar outcomes as identified by ACT, such as improved psychosocial functioning and change readiness.

Data Collection:

Day 1
- Defined acceptance
- Measured stuttering severity using SSI-4
- Measured impact of stuttering using OASES

Day 5
- Personal definitions of acceptance
- Measured personal definition of acceptance

References

Preliminary themes that emerged: congruence with stuttering (n=6), agency (n=10), low emotional reactivity (n=4), and authenticity (n=2).

Question 1: How do teenagers who stutter define stuttering-related acceptance?

Question 2: Can stuttering-related acceptance change over the course of a weeklong intensive, integrative stuttering program?

Question 3: Is degree of acceptance change predicted by stuttering severity (SSI-4) or the impact of stuttering on teens who stutter (OASES)?

Results

A paired samples t-test was calculated to determine whether TWS reported different acceptance scores on day 1 compared to day 5. Results indicated that there was a significant increase in TWS’ stuttering-related acceptance on day 1 to day 5, t(11)=2.76, p<.012.

A multiple linear regression was calculated to predict change in acceptance based on SSI-4 and OASES scores. Results indicated both SSI-4 and OASES scores on day 1 significantly predicted change in acceptance, F(2,9)=16.54, p<.001, and accounted for 78.6% of the variance in acceptance change scores. A follow-up stepwise regression revealed that a more parsimonious model relating only OASES scores on day 1 significantly predicted change in acceptance, F(1,10)=15.91, p<.001, and accounted for 66.6% of the variance in acceptance change scores.

Discussion

Question 1: Preliminary themes that emerged: congruence with stuttering (n=6), agency (n=10), low emotional reactivity (n=4), and authenticity (n=2).

Question 2: Factors that affected TWS acceptance change included both being okay with stuttering (i.e., congruence with stuttering) and simultaneously changing their speech (i.e., agency).

Question 3: Variations across definitions may have resulted due to different cognitive and affective experiences related to stuttering that influenced TWS’ degree/perspectives of acceptance.

Future directions: Future qualitative investigations of how TWS define acceptance in order to assist clinicians in supporting TWS’ coping with stuttering.

Future Questions: Future long-term effects of this intervention on acceptance; comparing effects that behavioral vs. integrated therapeutic approaches have on acceptance.

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