MORE THAN FLUENCY

The Social, Emotional, and Cognitive Dimensions of Stuttering

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Foreword

Let's be clear . . . there is an ever-increasing selection of stuttering textbooks on the market today. Most of the big sellers touch on the history of stuttering and stuttering theories, then progress to an introduction and explanation of traditional assessment strategies, followed by chapters on the traditions of stuttering therapy. With varying degrees, these texts introduce brain-imaging research, genetic research, epidemiology of stuttering, therapy research, and maybe a chapter on "other fluency disorders." Some texts break these assessment and treatment discussions into strategies for children, adolescents, and adults. Others simply treat these issues as general concepts that can be implemented across the age ranges. It's tough to publish and sell another book in this market.

When I was first asked to write the forward to this text, I agreed, and knew what I was expecting. Surprisingly, I found something different . . . and pleasantly so. Let me elaborate in the next few paragraphs.

An introduction and summary chapter written by the editors, Barbara Amster and Evelyn Klein, serve as bookends to a nontraditional textbook for stuttering intervention and understanding. Several years ago, a public discussion involving the main issues in stuttering treatment played out in *Language, Speech, and Hearing Services in Schools,* one of the profession's most widely read professional journals. The debate started with a Letter from the Editor (Nippold, 2011). This letter intended to address the lack of evidence in our field when treating school-age children who stutter. Nippold argued that there simply was not enough evidence to support anything but behavioral programs that treat stuttering in school-age children. The limited evidence

that Nippold referred to was based upon one philosophy of evidence and one philosophy of what the dependent variable following stuttering treatment should be—that is, elimination of stuttering. On the surface (i.e., the "tip of the iceberg"), this is a reasonable view about how to judge stuttering. However, many thought that this was not the case. As a matter of fact, a response to Nippold's editorial (Yaruss, Coleman, & Quesal, 2012) was published the next year and was co-signed by over 100 speech-language pathologists who argued that Nippold's view of stuttering was too narrow and was focused on only the outcome of "no stuttering." In other words, these clinicians, researchers, and leaders in the field of stuttering thought that stuttering was "MORE THAN JUST FLUENCY." They argued that stuttering consists of more than the repetitions, prolongations, and blocks that we count as stuttering, but included the internal feelings of people who stutter (PWS) and the ways that they may avoid or try to escape from those external symptoms. They argued that the inner feelings of PWS and the environmental obstacles that face PWS are indeed part of this disorder/difference. They pointed to several successful treatment programs that targeted feelings and emotions associated with stuttering and argued that treating stuttering is treating *more than fluency*.

Full disclosure: I agree with Yaruss, Coleman, and Quesal and was one of the co-signers who supported the view that stuttering is *more than fluency*. Over the years, I came to appreciate this view from reviewing many papers on what really makes up the human condition and what constitutes stuttering. These ranged from readings within our field of speech-language

pathology, including the "personal view" of stuttering promoted by researchers like William Perkins, to those by people in allied fields like psychology and sociology, such as George Kelly and Irving Goffman. Let me elaborate. Perkins' views led to the development of the neuropsycholinguistic theory of stuttering (Perkins, Kent, & Curlee, 1990). This view of stuttering included an explanation of the complexity of what it takes to produce connected speech and the "dyssynchrony" within this complex system that causes breakdowns in fluency. The important component that they added, however, was that the differences between stuttering and other, non-stuttering breakdowns in fluency had to do with internal time pressure. Breakdowns in fluency could be divided on the surface by specific rules for counting such behaviors (i.e., part-word repetitions, prolongations and blocks are *stuttering*; interjections, phrase repetitions, etc., are *disfluencies* [not stuttering]). But Perkins argued that the distinction between stuttering and other disfluencies was a result of internal time pressure to speak. I often wondered, how do we account for these internal factors? If stuttering was truly *more than fluency*, how can we count these behaviors? This point in itself leads many to believe that stuttering is just the observable blocks, prolongations, and repetitions that occur in the speech of those who stutter. However, speech and communication are far too complex to be counted so simply. This led Walt Manning to cite the British psychologist Don Bannister in the foreword of his 2010 textbook with the following quote, "Human beings are nonsensical unfit subjects for scientific inquiry." I interpret this to mean that stuttering is too complex to understand through something as simplistic as counting observable behaviors. Stuttering is complex, hard to study, and certainly *more than just fluency*.

I started to learn my lessons almost 20 years ago when I attended my first national conference of the National Stuttering Association. The National Stuttering Association is the largest self-help organization for PWS in the world and holds a national conference each year that attracts nearly 1,000 PWS, their family members, and a few rogue speech-language pathologists. I remember my first few National Stuttering Association conferences. I was not welcomed! I was an outsider! I was viewed as someone who did not understand the stuttering condition and who was still trying to "cure them" by eliminating all of their outward stuttering behaviors. I was seen as just another person who would tell them to "just slow down," "think about what you're saying," "your mouth is working faster than your brain," and "you could be fluent if you just tried harder." As a young academic in the field of stuttering, I clearly didn't "get it." I use this terminology because a few years ago, the best compliment I ever received professionally was from a PWS at a National Stuttering Association conference. He said to me, "For a person who does not stutter, YOU GET IT." What is it that I get? I'll go back to my previous statements relating to what I learned about stuttering from related professions.

Stuttering is far more than just obtaining fluency. George Kelly's classic writings on personal construct theory (Kelly, 1955) explained how people's experiences determine the way they view themselves and how they navigate the world. Those who build their personal construct as "stutterer" will allow that construct to influence how they face communication and communication challenges. One view might be that you have to change your "personal construct as a stutterer." However, another view argues that PWS "must accept their personal construct as a stutterer." Both views are explored in this text. Later, Irving Goffman (1963) studied and wrote about "stigma" and how it related to interpersonal communication and feelings of self. How people build their identities and how they stigma-

tize themselves or how they are stigmatized by others are important factors in human behavior. When these views are applied to stuttering, we can see that how a PWS sees himself and how others may see him can lead to public or personal stigma. If these are indeed results of stuttering, the people that we treat for stuttering must openly discuss *more than fluency*.

This text clearly reflects on *more than fluency* and provides important information to understand and treat PWS. It begins with some very important chapters making the case that stuttering is more than the outward behaviors exhibited by those who have fluency breakdowns. It then progresses to a very important chapter on the neurology of emotions. In this chapter, Jennifer Kleinow follows the trail of how emotions are exhibited in the brain and perceived by humans, and how these same emotions can affect physical performance. In many ways, speaking is a motor activity, but the generation of the message that needs to be communicated is equally, if not more, complex. Extra demands on the ability of the neurological system to complete this complex task draws resources from the entire system that can result in fluency breakdowns. Thus, stuttering is clearly *more than fluency*. Kleinow's explanation on the cortical and subcortical mechanisms of emotion are meaningfully explained in the context of stuttering.

In the following chapters, the authors explain concepts and mechanisms involved in stuttering and how to treat it. These chapters are consistent with the book's premise that stuttering is *more than fluency*. If this view wasn't taken, it would simply be another rehashing of fluency shaping and stuttering modification. This is not the case. The editors, authors, and I believe that it is more. Michael Boyle so clearly points this out in his chapter on self-efficacy and its relationship to stigma. His careful research studies are combined into a chapter that explains the burdens that society and the PWS place upon themselves

making communication a barrier. However, he does not stop there; he goes on and offers sound advice. This information simply does not make it into many textbooks on stuttering today. It is clear in the research literature, but rarely makes it into the textbooks that students are using in the masters level courses or the textbooks that practicing clinicians purchase. I personally thank you for including this information in this text.

Boyle's chapter is followed by James Mancinelli's chapter on the social context of stuttering. He begins with several references to Goffman (e.g., 1963) but makes the case that stuttering (and communication) only takes place within social contexts. The way that a person negotiates this social context is crucial to understanding, and later, treating an individual who is navigating any social context. He wonderfully makes the case as to why a PWS may avoid certain situations or even fully withdraw from them. Once again, the case is made that stuttering is *more than fluency*.

The remaining chapters present varying views on how to treat stuttering. If you believe that stuttering is *more than fluency*, then you will relate to and agree with their premise. This is *not* a review of traditional stuttering therapies, but a collection of well-thought-out programs that help treat the whole person, not just her stuttering. Amster and Klein's chapter on *perfectionism* relates how maladaptive perfectionism (and the desire for perfect speech . . . or perfectly fluent speech) can lead to maladaptive behaviors. If PWS are not capable of *perfect fluency*, they may think they are destined for failure. In the next chapters, Klein and Amster, then Beilby and Yaruss review two of the areas that seem to be gaining steam in the understanding and treatment of stuttering. Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) have their roots in psychology and "mindfulness" and have been used as adjuncts to stuttering therapy for many years. However,

both of these chapters now are looking to show exactly how CBT and ACT can benefit PWS and justify why speech-language pathologists who treat stuttering need to be aware of and consider these treatment methods.

Chapters 8 through 11 boast the benefits of Experiential Therapy for stuttering (Starkweather and Givens), Avoidance Reduction Therapy for stuttering (Sisskin), the power of augmentative strategies of self-help and support (Trichon and Raj), and community-centered intervention (Coleman). Although the implementation and even the basic philosophies of these methods vary greatly, the common factor running through each of them is that if speech-language pathologists are going to treat stuttering, they have to treat *more than fluency*. These methods include: viewing oneself as a PWS and understanding the experience; reducing the avoidance associated with stuttering; acknowledging the power of educating and being educated; and discussing stuttering with those in the community of a PWS. These can include the family and community of the PWS, as well as those with similar experiences, such as other PWS. The bottom line once more is this: Treating stuttering has to do with living with the condition, more than just treating the outward fluency. The power of treatment is in treating the entire condition, not just the fluency!

For many years, most speech-language pathologists owned a copy of the *Handbook of Speech Pathology*. The original version was published in 1957 with Lee Edward Travis serving as editor (as an aside, Travis is considered to be the first speech-language pathologist, earning his doctorate in psychology with an emphasis on speech correction from the University of Iowa in 1924). The text was viewed as an authoritative, encyclopedic col-lection of the basics of the profession. After many dormant years, a new version of the text was published in 2010 with new editors and a slightly new title, *The Handbook of Language and Speech Disorders*. The first chapter in the book, titled "The Social and Practical Considerations in Labeling" (Damico, Muller, & Ball, 2010), speaks to the social problems associated with labeling human beings and human conditions. The authors introduce a dichotomy of viewing disorders from a "medical model," which seeks to cure a condition, versus a "social model," which seeks to adapt to a condition. Amster and Klein's edited volume is clearly in line with the social model and helps us define how stuttering fits into this social model. From this viewpoint, stuttering and all of its characteristics must be considered whether they be clearly observed or are emotions and affective issues that are below the surface and cannot be readily observed. This text makes the case that all dimensions must be considered if we want to help the PWS who seeks our help. Treating stuttering, from this viewpoint, is treating *more than fluency*.

In conclusion, I reflected on how to use this textbook and who would use it. Before I was asked to review and write a foreword to *More than Fluency*: *The Social, Emotional, and Cognitive Dimensions of Fluency*, I asked the editors if I could share it with four of my doctoral students.[1] I was teaching a seminar in "stuttering treatment" and I thought that this edited volume could serve as a nice resource in addition to the many research articles that they read for this course. About halfway through the class, we completed reading the entire book and I asked for some comments. I let the four doctoral students specializing in fluency disorders know that they would be expected to teach a master's level course in fluency disor-

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[1]The four doctoral students who read these chapters along with me and discussed them in a seminar on Fluency Treatment in the fall 2017 semester at the University of Louisiana–Lafayette are: Monica Johnson, Bornwell Katebe, Brittany Rutland, and Anne Williams. They are part of the next generation of academics in fluency disorders.

ders in the near future and asked them if they would use this book in their master's level class. One said, "No, because it did not cover the basics well enough." Another said, "It might serve as a nice adjunct to another textbook." Even I wondered if the master's students could handle this material and use it therapeutically without knowing ALL the basics first. Then, one brilliant doctoral student said, "It's our job to challenge students and make them think. I would use this textbook with my master's students." That comment really made me think. We may be underselling the ability of our students and "spoon-feeding" them along the way, rather than allowing them to indulge in a "full helping of thoughtful knowledge." When we think about today's clinicians, I hear many academics say that they "don't think

enough" and that they "want a cookbook approach to therapy." This may be the case because that's what we train them to expect. *More than Fluency: The Social, Emotional, and Cognitive Dimensions of Stuttering* is anything but a cookbook approach! It introduces the reader to many concepts that force the practitioner to THINK. They will THINK about what their clients need, and what is involved in treating the person who stutters. Maybe we need to train the next generation of clinicians to think on their own and to make wise decisions about what determines success. If the next generation of therapists who treat PWS seek to do so and to treat the whole person, they will have to know that treating a PWS is "more than JUST fluency."

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Janet Givens received her MA in sociology and, after a 25-year career in fundraising, graduated from the Pennsylvania Gestalt Center as a certified Gestalt psychotherapist. Along with Woody Starkweather, she wrote the book *Stuttering* and has provided workshops around the world for people who stutter and for the speech-language pathologists who treat them. Then, in 2004, they joined the Peace Corps and were placed in Kazakhstan. Based on her experiences there, she wrote an award-winning memoir, *At Home on the Kazakh Steppe*, now in its fifth edition, and lectures widely on her experience in Kazakhstan. Her weekly blog, *And So It Goes*, explores cultural differences and the value of civility and curiosity in our lives. She is working on her next book, a memoir focused on her stuttering story.

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James M. Mancinelli, PhD, CCC-SLP is Assistant Professor and Director of Clinical Education at La Salle University's Department of Communication Sciences and Disorders. Dr. Mancinelli has 20 years experience in medical speech-language pathology in acute care, rehabilitation, long-term care, outpatient, and home care settings. He is also an author of the textbook *Acquired Language*

Disorders: A Case-Based Approach. His interest in fluency emerged out of working with adults who stutter and hearing their narratives about the social history of their stuttering. He appreciated the role of social interaction in communicative events for adults who stutter; grounded in social identity, stigmatization, and each client's social history. His recent research investigated the effects of self-disclosure on the conversational interaction with a normally fluent speaker.

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C. Woodruff Starkweather, PhD, a Fellow of ASHA, has been a lifelong lover of words—spoken, written, or sung. He taught at the City University of New York and most recently at Temple University where he is Professor Emeritus. His research on stuttering and its treatment, led to the publication of over 50 articles and monographs and nine books. One book, *Stuttering,* written with Janet Givens, was listed in Choice Magazine's *Best Textbooks of 1997*, a first in the speech pathology profession. He was named Speech Pathologist of the Year by the National Stuttering Association in 1999 and received the Malcolm Fraser Award from ASHA's Special Interest Division for lifetime achievement in the stuttering field in 2009. In 2017, the *Woody Starkweather Intensive Stuttering Treatment Center* at Children's Hospital of Philadelphia was named in his honor. He has also published two novels and a book of short stories.

Mitchell Trichon, PhD, CCC-SLP, is a co-founder of Stutter Social, an Internet-based videoconferencing community and private social network community for people who stutter. As a faculty member at La Salle University and prior to that at St. John's University, he taught classes in fluency disorders. He also supervised graduate students who were treating clients who stutter. He has 10 peer-reviewed publications and over 50 professional presentations at international, national, and regional conferences. His primary research focuses on self-help activities for people who stutter. Dr. Trichon is currently a Board Member of the International Stuttering Association

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J. Scott Yaruss, PhD, CCC-SLP, is an ASHA Fellow and a board-certified specialist in fluency disorders. After 19 years at the University of Pittsburgh, Dr. Yaruss joined the faculty of Michigan State University as Professor of Communicative Sciences and Disorders. He has published approximately 70 peer-reviewed manuscripts, more than 115 other papers on stuttering, and several resources including the *Overall Assessment of the Speaker's Experience of Stuttering* (OASES), *Early Childhood Stuttering Therapy: A Practical Guide, School-Age Stuttering Therapy: A Practical Guide,* and the *Minimizing Bullying for Children Who Stutter Program.* Dr. Yaruss has been named SLP of the Year by the National Stuttering Association and received the University of Pittsburgh SHRS Dean's Distinguished Teaching Award. He teaches classes on stuttering and counseling methods for SLPs and frequently conducts workshops around the world designed to help clinicians improve their ability to work with individuals who stutter.

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We dedicate this book to those who stutter.
Thank you for your courage, sharing your stories, and teaching us what matters.

CHAPTER 1

Introduction

The Importance of the Social, Emotional, and Cognitive Dimensions of Stuttering

Barbara J. Amster and Evelyn R. Klein

"[N]ot everything that can be counted counts, and not everything that counts can be counted."

—William Bruce Cameron,
Informal Sociology: A Casual Introduction to Sociological Thinking (1963, p. 13)

The genesis for this book came from listening to both our clients and our graduate students in speech-language pathology. Our clients all had a story to tell and wanted to tell it. They wanted to tell us about their experiences as people who stutter (PWS), what they thought caused the problem, their challenges, thoughts, emotions, and difficulties with social interactions, while relying on a speech system that did not always work for them. They often started the therapeutic process looking for a quick fix, a magic bullet toward fluency, but soon circled back to these other concerns.

Our graduate students, who did not have a course in fluency and stuttering until their final semester, expressed their fears about dealing with the emotional and social issues of their clients who stuttered. They were not sure if they were up to the task and were worried that in attempts to help, they may be doing harm. We did not often hear these concerns when the students were working with other clients, only those who stuttered. These feelings of discomfort are echoed by many working speech-language pathologists (Cooper & Cooper, 1985, 1996; Quesal & Yaruss, 2000), who feel unprepared in working with people who stutter (PWS). Surveys have shown that speech-language pathologists are most uncomfortable treating people who stutter and often feel unprepared to work with this population, especially regarding social, emotional, and cognitive aspects of the disorder. These areas are often overlooked in more traditional behavioral treatments (St. Louis & Durrenberger, 1993; Yaruss & Quesal, 2002).

A 2009 survey conducted by the National Stuttering Association found that therapeutic interventions that focus on changing attitudes were more successful than those that focus on changing speech patterns (NSA, 2009). Yet speech-language pathologists often feel ill-equipped to address the more psychologically focused areas of attitudinal change. It seems

that their discomfort with the emotional and social issues, those very issues of concern to our clients, was triggering a sense of uneasiness.

Frustration with typical stuttering treatment was also expressed by an eloquent mother of a child who stutters. Doreen Lenz Holte (2011), who in her book, *Voice Unearthed,* for parents of children who stutter, urges a change of emphasis away from fluency toward comfort in communicating in an effort to help prevent the social, emotional, and cognitive consequences of stuttering that are often the most troubling parts of the disorder for the child or adult who stutters.

Our interests as professors, authors, and editors of this book have guided us to the importance in helping speech-language pathologists incorporate counseling and psychotherapeutic principles into treatment to help change the attitudes PWS have about themselves and stuttering. Therefore, the goal of this text is to provide a broader framework for speech-language pathologists when working with PWS.

We feel very strongly that these areas should be incorporated into an effective treatment plan for PWS. It can be within the speech-language pathologists' scope of practice to work with the social, emotional, and cognitive dimensions of stuttering. ASHA's Preferred Practice Patterns for Fluency Intervention (ASHA, 2004) are in agreement. The following three bullet points are part of ASHA's clinical guidelines for fluency intervention:

- Assisting the person who stutters to communicate in educational, vocational, and social situations in ways that optimize activity/participation.
- Reduction of attitudes, beliefs, and thought processes that interfere with fluent speech production or that hinder activity/participation.
- Reduction of emotional reactions to specific stimuli when they have a negative impact on stuttering-like disfluencies, attempts to

modify stuttering behavior, and/or activity/participation.

Because speech-language pathologists have the knowledge and skills to understand stuttering, we are the right people to help. A word of caution is necessary, as some individuals will present with issues beyond our training and scope of practice, such as depression/anxiety, marital problems, personality disorders, chemical dependency, and suicidal ideation, among others. A referral to an appropriate professional such as a licensed clinical psychologist or psychiatrist may be in order. We have often worked in collaboration with these professionals to best treat our patients, and a responsible speech-language pathologist must know his/her limits. We also feel strongly that graduate speech-language pathology programs should offer courses in counseling for our profession.

Speech-language pathologists must also be mindful of cultural influences, as they can affect the course of treatment. This is certainly true when working with people who stutter, as cultural beliefs can influence therapeutic progress (Manning & DiLollo, 2018). Further, Manning and DiLollo (2018) encourage clinicians to explore PWS's beliefs and expectations about stuttering so that they can be discussed as they may relate to the social, emotional, and cognitive dimensions of treatment.

Traditional stuttering treatment often focuses on teaching techniques to increase fluency, yet PWS may feel stigmatized and defeated in their attempts at obtaining the often elusive goal of fluency (Boyle, 2013). We focus on the social, emotional, and cognitive realms of this disorder and offer new insights and applications based on research in the field.

The current consensus about stuttering is that it is a multifactorial, dynamic, epigenetic, neurodevelopmental disorder (Smith, 1999; Smith & Weber, 2016, 2017; Weber-Fox & Smith, 2014) that unfolds with brain develop-

ment. This view of stuttering considers that there are "cognitive, linguistic, emotional, and motor factors in the etiology of stuttering." (Smith, 1999, p. 32). With the average age of onset in the preschool years, the child is mastering language learning which places demands on the developing speech-motor system. Many young children go through a period of disfluency, but most recover. Estimates of recovery vary but are as high as 80% (Yairi & Ambrose, 1992). The preschool years are also a time of change for the child in psychosocial growth. Children's experiences including interactions with others, their thoughts, beliefs, and feelings all contribute in various ways to their recovery or persistence in stuttering.

Similarly, when stuttering becomes chronic, it is often fueled by interactions with others. The thoughts, beliefs, and feelings of PWS result in what Starkweather (1987) called *the reactive features of stuttering* such as avoidance and fear, which make stuttering more debilitating.

This book contributes a broadened scope to treating PWS. It offers extensive theoretical discussion of how the social, emotional, and cognitive dimensions influence stuttering and provides practical application-based strategies for intervention. The authors present a strategic conceptualization underlying stuttering. We begin with the chapter by Kleinow involving physiological influences on stuttering and how the brain influences the motor, social, emotional, and cognitive aspects. In this chapter, a straightforward explanation of the complex neural systems involved in human emotion is introduced. In reviewing the literature, she reinforces the notion that stuttering is a multifactorial disorder. Kleinow explains how these neural emotional systems bridge with motor control systems to offer implications for multifactorial treatment.

Boyle discusses the importance of self-efficacy, which has great relevance for stut-

tering because it involves the belief that one can change one's own behavior. Boyle reviews self-efficacy, why it is important, its theoretical relevance to stuttering, and how PWS can benefit from the belief that they can succeed at meeting their goals. Boyle also discusses how self-efficacy is empirically linked with certain psychosocial areas of stuttering, such as stigma. In addition, he discusses locus of control and causal attribution and reviews treatment studies that include aspects of increasing self-efficacy in PWS. We believe that enhancing a sense of self-efficacy is an important part of effective treatment.

Mancinelli discusses stuttering from a social interaction perspective. The social context is extremely important for PWS, as stuttering rarely occurs when talking to animals or babies when the social consequences are reduced. He discusses that stuttering is a stigmatizing disorder that emerges in a social context. Using a sociological framework, he describes the type of talking, the flow of the interactions, and the ramifications of avoidance or disclosure. Mancinelli offers suggestions in bridging the gap between theory and practice by formulating strategies to help clients analyze social contexts and how they affect one's speech.

Amster and Klein explore the clinical implications of maladaptive perfectionism and its potential impact on stuttering. Heightened concern about mistakes is a central feature of maladaptive perfectionism. Perfectionists are often self-critical when their unrealistic standards are not met. The authors discuss that having this personal characteristic may have implications for stuttering development and maintenance and offer practical suggestions for intervention.

Subsequent chapters in this text offer a variety of therapeutic interventions and techniques to address social, emotional, and cognitive issues. The authors discuss interventions that have been designed to alleviate distress in

those who stutter and offer practical guidelines. Klein and Amster introduce Cognitive Behavioral Therapy (CBT), a well-established therapeutic intervention, as a problem-solving method to analyze distressful feelings and automatic thoughts that can color perceptions and affect one's sense of well-being. Basic principles of CBT are reviewed along with a novel educational model for incorporating CBT for people who stutter.

Beilby and Yaruss present another well-established treatment approach, Acceptance and Commitment Therapy (ACT) to reduce frustration through acceptance and mindfulness. Their chapter offers valuable insights encouraging PWS to focus on the positives in their lives through acceptance rather than trying to hide their stuttering or focus on attempts to be fluent. They offer useful guidance for incorporating the core ACT processes for people who stutter.

Starkweather and Givens present their novel treatment approach, Experiential Therapy for adults who stutter. This approach considers stuttering from the inside out. They discuss how stuttering can be more than just a behavior. It is an experience, beginning in simple frustration but often developing into a complex amalgam of behavioral adaptation, shame, humiliation, anger, grief, and fear. In response, they developed this treatment and offer case scenarios for application.

Sisskin developed another innovative approach, Avoidance and Reduction Therapy for Stuttering (ARTS®). ARTS was designed to help PWS reduce struggle, confront fear, reduce shame, and change avoidance behaviors. This approach aims to eliminate efforts to control stuttering that paradoxically perpetuate it. Sisskin gives guidance on ARTS implementation, discussing concepts of control, concealment, change, and connection.

The final two chapters provide important information on the advantages of peer support and community involvement related to intervention. Trichon and Raj discuss the history, benefits, and evolution of peer support. They describe national and regional organizations for those who stutter, including face-to-face and online communities. These groups offer identification and socialization which can be both empowering and comforting, leading to greater acceptance.

Finally, Coleman discusses the importance of community-centered assessment and treatment for children who stutter. He describes a model for incorporating important people into the child's life to help enhance the therapeutic process when working on the social, emotional, and cognitive aspects of stuttering. This broader focus expands the therapeutic environment and experiences, encouraging acceptance. Emphasizing this community approach provides a natural way to increase comfort and generalization.

As the reader may note, the interventions discussed differ in approach, each offering their own roadmap to support and empower people who stutter. All of the chapters provide information that we believe can help those who stutter lead a more authentic and satisfying life.

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