ASHA American Speech-Language-Hearing Association

AJSLP

Research Article

"Knowledge Without Action Means Nothing": Stakeholder Insights on the Behaviors That Constitute Positive Change for Adults Who Stutter

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ARTICLE INFO

Article History:
Received August 12, 2021
Revision received November 15, 2021
Accepted February 14, 2022

Editor-in-Chief: Erinn H. Finke
Editor: Nancy E. Hall

https://doi.org/10.1044/2022_AJSLP-21-00251

ABSTRACT

Purpose: The aim of this study was to document the behaviors that adults who stutter (AWS) may engage in to make positive changes to living with stuttering.
Method: We interviewed 23 key stakeholders, including 11 AWS and 12 speech-language pathologists who specialize in stuttering therapy. The semi-structured interviews began with the primary question, "If an adult who stutters was making positive changes to living with stuttering, what would they be doing?" Follow-up probing questions focused the interviews on identifying actionable behaviors that would suggest positive changes. The interviews were transcribed and qualitatively analyzed using applied and reflexive thematic analyses to develop multilevel themes.
Results: Meaningful units extracted from the interviews contributed to three high-order global themes: (a) noticing and adjusting physical behaviors involved in speaking, to the extent that it is personally important to do so; (b) developing neutral or positive thoughts and feelings about stuttering; and (c) participating more fully in social and professional activities, even if the person stutters or thinks they might stutter. We developed 35 low-order basic themes, which we grouped into 11 mid-order organizing themes, to richly illustrate the three global themes.
Conclusions: These findings extend the ongoing discussion regarding best practices for therapy targets in stuttering intervention. We identified measurable, multidimensional actions that clinicians can integrate in their therapy plans with AWS. While these actions represent a holistic approach to making positive changes, it grants clients and clinicians space to develop individualized intentions and outcomes.

Stuttering therapy, like therapy for other communication and swallowing concerns, is action oriented. It requires actively engaging in behaviors that promote long-term changes. Status-quo interventions for stuttering commonly focus on increasing speech fluency (Brignell et al., 2020; Connery et al., 2021). Indeed, the most frequently used behavioral outcomes in stuttering therapy measure changes in overt stuttering severity (Karimi et al., 2018). However, living with stuttering induces widespread ripple effects across many domains of a person's life including mental health outcomes (e.g., Craig & Tran, 2014), vocational outcomes (Gerlach et al., 2018), and overall quality of life (e.g., Boyle, 2015; Craig et al., 2009), to name a few. Skilled clinicians who have experience working with people who stutter often utilize integrative approaches that supersede a central focus on increasing fluency, instead prioritizing the "whole person" by addressing affective, cognitive, social, and behavioral factors (e.g., Beilby et al., 2012; Boyle, 2011; Boyle et al., 2021; Johnson et al., 2016; Sønsterud et al., 2020). However, these holistic interventions that address the totality of the stuttering experience are not commonplace among novice and generalist clinicians who often report feeling ill-equipped to serve people

Correspondence to Naomi H. Rodgers: naomi.rodgers@unl.edu. ***Disclosure:*** *Since January 2020, Naomi H. Rodgers has facilitated a local chapter of the National Stuttering Association, through which some participants in the current study were recruited. Hope Gerlach-Houck has declared that no competing financial or nonfinancial interests existed at the time of publication.*

who stutter (Brisk et al., 1997; Kelly et al., 1997; Tellis et al., 2008). A mismatch between what is beneficial to the client's well-being and how therapeutic progress is often sought can create a frustrating clinical experience for clients who stutter and their clinicians. To address this gap, we collected personal and professional opinions from adults who stutter (AWS) and speech-language pathologists (SLPs) who specialize in stuttering therapy to operationalize the behaviors that constitute positive change for AWS. Delineating these behaviors lays the foundation for developing measures that can assess a client's readiness to change specific aspects of their stuttering experience. Clearly stating these target behaviors provides a common definition of "change" for the measures. Only once the target behaviors are provided can respondents rate how ready they are to change each behavior.

Transtheoretical Model: An Integrative Theory of Behavior Change

People set out to change a variety of behaviors and establish new habits throughout their life. From a behavioral health perspective, a person's *readiness* to change those behaviors plays a critical role in their change outcomes (Prochaska & Velicer, 1997). This perspective is at the core of an integrative theory of behavior change known as the *transtheoretical model.* From a transtheoretical stance, change readiness is a dynamic cognitive progression along a five-stage continuum, known as the *stages of change*. At one end of the continuum is the Precontemplation stage where people are not at all ready to change in the foreseeable future. At the opposite end of the continuum is the Maintenance stage where people have been actively sustaining the new behavior for at least 6 months. Along the way, there are the Contemplation (thinking about change in the next 6 months), Preparation (planning to change in the next month), and Action (actively changing for up to 6 months) stages. This temporal nature of change readiness has been empirically documented across dozens of health behaviors among adolescents and adults. Some of those studies include unidimensional change such as increasing exercise (Berry & Howe, 2005; De Bourdeaudhuij et al., 2005), smoking cessation (Bledsoe, 2006), and condom use (Grossman et al., 2008; Prat et al., 2012). Others include multidimensional change such as the component behaviors of depression management (Levesque et al., 2011), living with heart disease (Eshah, 2019), and advance care planning (Fried et al., 2012). For instance, Levesque et al. (2011) defined depression management as controlling negative thinking every day; engaging in healthy, pleasant activities on most days; practicing stress management on most days; exercising for 30+ min on most days; and getting professional help.

We previously applied the transtheoretical model to the change process for adolescents who stutter (Rodgers et al., 2021; Zebrowski et al., 2021). The first step in applying the transtheoretical model to a new population is to define the behaviors that constitute change. In our previous work (Zebrowski et al., 2021), we interviewed adolescents who stutter and SLPs who specialize in stuttering therapy to understand their opinions about what adolescents can do to manage stuttering. Qualitative analysis of those interviews yielded three overarching actions: (a) learning and using strategies for speaking more fluently and/or stuttering with less tension and struggle, (b) changing negative thoughts and feelings about stuttering, and (c) saying what they want to say without avoiding sounds, words, or situations. Once this three-part definition of stuttering management for adolescents was established, we developed and deployed transtheoretical measures to assess adolescents' readiness to change each of those component behaviors, the pros and cons of making those changes, and their situational self-efficacy in maintaining those changes in challenging situations. Based on the results of a large national cohort who completed those scales, we reported that a five-stage framework adequately applies to adolescents' experience of managing stuttering (Rodgers et al., 2021). That was the first study to show that people who stutter can be at different levels of readiness to address various aspects of stuttering management. This speaks to the importance of delineating the different components of change in the stuttering experience and measuring speakers' readiness to address each component rather than approaching change as a unidimensional construct.

While our prior work focused on the actions that adolescents who stutter can take to manage stuttering, we were currently interested in operationalizing effective change for AWS to lay the foundation for developing transtheoretical scales for AWS. Due to developmental reasons, we did not want to assume that the three main components of change that applied to adolescents who stutter would be the same for adults. As such, we chose to start the iterative scale development process from scratch by interviewing AWS and SLPs who specialize in stuttering therapy to understand the components of effective change for AWS. We also chose to focus on the construct of *positive changes to living with stuttering,* rather than *stuttering management,* to encompass a more holistic, identity-affirming perspective of the change process for AWS—one that does not imply that stuttering is something that necessarily needs to be managed.

Outcomes and Actions in Stuttering Therapy

Although the purpose of this study was to operationalize the behaviors involved in positive change for AWS for the purposes of transtheoretical scale development, the

data herein are meaningful on their own as well. A successful therapeutic experience for people who stutter (and those with other communication and swallowing concerns) depends on the SLP's ability to cocreate an appropriate and meaningful treatment plan with their client to ensure that it is personally meaningful to clients themselves (Baylor & Darling-White, 2020; Truglio-Londrigan & Slyer, 2018). The importance of shared decision-making is grounded in the perspective that clients benefit from "no decision about me without me" (Department of Health, 2012), meaning that practitioners and clients collaborate and share responsibility for treatment decisions. This approach has the potential to maximize clients' engagement throughout the change process. This article offers a collective perspective on behalf of AWS and stuttering specialists regarding the behaviors that constitute positive change for AWS. The themes reflect a shared understanding of the construct, which mirrors collaborative treatment plans that clients and therapists create together.

Treatment plans are composed of long-term outcomes and the actions that clients practice to reach those outcomes. Outcomes are the eventual large-scale changes that SLPs hope their clients can achieve to improve their quality of life. Actions are the immediate things that clients do now to cause those changes. This study summarizes the breadth of *actions* that clients can take during the change process, rather than the *outcomes* that they can strive for. In this project, we consider "actions" to be either overt or covert. While overt actions are behaviorally observable to others, covert actions are mental processes that are not behaviorally observable but reflect internal change (Hazlett-Stevens, 2008; Prochaska et al., 1988; Salkovskis & Millar, 2016).

Historically, these outcomes have focused on features of speech fluency including percentage of syllables or words stuttered, self-rated stuttering severity, duration of stuttering moments, speech rate, and speech naturalness (Karimi et al., 2018). An individual can work toward these outcomes by volitionally modifying their speech production patterns; they may use specific strategies such as slow speech rate, easy onset of phonation, light articulatory contact, and phrasing and pausing to produce perceptually fluent speech. These fluency-enhancing techniques can yield what is known as "controlled fluency" or "pseudofluency" (Dayalu & Kalinowski, 2002). Another way that fluency can increase is by avoiding stuttering. Some people who stutter report that when SLPs prioritize fluency and do not openly discuss stuttering, "therapy reward[s] their ability to hide their stuttering" (Douglass et al., 2019, p. 4). As a result, fluency-focused therapy may motivate clients who stutter to further conceal their stuttering. On the surface, concealment allows the person who stutters to pass as fluent and not subject themselves to social penalties for stuttering; however, concealment has been linked to increased psychological distress and adverse impact on quality of life (Gerlach et al., 2021). It should be noted that while fluency-focused interventions may promote maladaptive coping responses to stuttering for some clients, it may be the right approach for other clients, such as those who have little avoidance or anxiety about their speech.

While treatment outcomes for stuttering have historically been fluency focused, the appreciation of holistic outcomes for clients who stutter has evolved considerably in the last 2 decades. This progress coincided with the updated framework from the World Health Organization's *International Classification of Functioning, Disability and Health* (World Health Organization, 2001) that depicts conditions in terms of bodily impairment, activity limitations, and participation restrictions. Indeed, some clinician-scientists in the field of stuttering have recently been calling attention to the need for expanded focus on multiple domains in stuttering therapy across the life span—for preschoolers (e.g., Druker et al., 2020; Millard et al., 2018), children/adolescents (e.g., Byrd et al., 2018; Cooke & Millard, 2018), and adults (e.g., Beilby et al., 2012; Johnson et al., 2016; Sønsterud et al., 2020). In addition, despite this progress, most stuttering therapies that are backed by the highest level of evidence are based on speech modification, which are those that promote use of controlled fluency techniques (Brignell et al., 2020). In fact, a recent survey of school-based SLPs in the United States revealed a mismatch between what SLPs think is important in multidimensional stuttering therapy and how they document progress; although most SLPs agreed that stuttering modification and reducing negative attitudes and impact of stuttering are equally important, most clinicians measured therapeutic success by reduction of stuttering frequency (Beita-Ell & Boyle, 2020). Furthermore, the focus of those prior studies that leverage the multidimensionality of stuttering has been on *outcomes* of those therapies, not the *actions* that lead to those outcomes. As such, there is great need for investigations of the active ingredients (e.g., client *actions*) that yield positive outcomes across multiple domains for people who stutter.

Purpose of This Study

The purpose of this study was to develop an action-oriented definition of what constitutes positive change for AWS. While such a definition lays the groundwork for future applications of the transtheoretical model to AWS, the data herein can help SLPs guide clinical treatment planning and decision-making with their adult clients who stutter. This study extends our prior work that identified actions that comprise stuttering management for adolescents (Zebrowski et al., 2021). To do so, we interviewed key stakeholders who are most actively involved in adult stuttering therapy—AWS and SLPs who work with AWS—to delineate the breadth of specific behaviors that AWS can

target to achieve individualized outcomes. We qualitatively analyzed the data from all stakeholders together and developed the themes by considering the total collection of perspectives, rather than separately for AWS and SLPs, just as we have in our previous work (Zebrowski et al., 2021). This was intentional so that the unified nature of shared decision-making between client and therapist could be represented. Although informed by our previous work with adolescents who stutter, this study was exploratory and not hypothesis driven. While we did not have a priori hypotheses about what behaviors constitute positive change for AWS, we did expect "change" to be composed of several composite behaviors rather than reflecting one unidimensional behavior. We present the data as multilevel themes to provide actionable behaviors at different levels of specificity depending on clients' and SLPs' needs.

Method

All study procedures were approved by the institutional review boards at the University of Nebraska–Lincoln (#20002) and Western Michigan University (#20-02-48).

Participants

Key informants included 11 AWS and 12 SLPs who self-reported specializing in stuttering therapy (five of whom also identified as persons who stutter). Purposeful sampling was used to maximize heterogeneity of experiences and viewpoints among participants. Specifically, we recruited AWS with diverse experiences with stuttering and speech therapy, and SLPs with varying clinical approaches. Participants were primarily recruited through the authors' professional contacts, including individuals associated with local chapters of the National Stuttering Association as well as colleagues with substantial experiences with stuttering therapy. Inclusion criteria required that participants be at least 21 years old, currently living in the United States, and English speaking. In addition, AWS must have self-identified as a person who stutters, and SLPs must have self-identified as having expertise and specific experience with adult clients who stutter. Pragmatic saturation was used to determine the necessary sample size (Low, 2019). This method of saturation, rooted in constructivism, uses interpretive judgment to cease recruitment when the pool of data has enough diversity and depth to investigate the research questions (Braun & Clarke, 2021).

The AWS ranged in age from 24 to 78 years (M = 49.45, Mdn = 40, SD = 19.86), including nine men and two women. Ten self-identified as White and one as Asian American. The SLPs ranged in age from 32 to 77 years (M = 51.45, Mdn = 56, SD = 16.05), including five men and seven women. Eleven self-identified as White and one as Black. Six SLPs were board-certified specialists in fluency disorders, and two were working toward their board-certified specialization. Additional information about the key informants is provided in Table 1. The interviews from all key informants were analyzed together so that we could develop themes that represented the breadth of perspectives from both stakeholders at the proverbial therapy table.

Procedure

Once a participant indicated their interest in participating and their interview was scheduled, they were e-mailed a Qualtrics link to provide their informed consent and complete a demographics questionnaire. Four interviews with AWS were conducted in person, and the remaining interviews were conducted virtually using Zoom. Interviews were facilitated by one of the authors. In-person interviews were recorded using a Sony HDR-CX405 camcorder wired with a Saramonic lavalier microphone affixed to the participant's shirt beneath their chin. Virtual interviews were recorded using Zoom's built-in record feature. All recorded interviews were transcribed verbatim by one of two trained research assistants.

Each interview began with the same prompt: "If an adult who stutters was making positive changes to living with stuttering, what would they be doing?" We followed the participant's lead in conversation, and when more information was needed, we responded with neutral probes such as "What do you mean by that?" and "Can you tell me more about that?" This study was the first step in a broader project focused on applying the transtheoretical model to the change process for AWS. Thus, the interviews included other questions that are beyond the scope of this article but related to the overall topic of facilitating positive change and will be presented in a forthcoming article. Only the data pertaining to the main prompt provided above are reported in this article. The full interviews with AWS ranged in duration from 32.57 to 83.01 min (M = 42.70, Mdn = 39.68, SD = 15.35), and SLP interviews ranged from 36.30 to 73.17 min (M = 48.46, Mdn = 47.75, SD = 9.62). Participants selected their own pseudonyms. They were compensated with a $15 Amazon e-gift card.

Data Analysis

Transcripts were qualitatively analyzed by both authors using NVivo 12 Plus software (QSR International Pty Ltd., 2020). All coding was considered together rather than partitioned for AWS, SLPs who stutter, and SLPs. Guidelines for developing behavioral health questionnaires recommend that the target population and experts (in this case, AWS and SLPs who specialize in stuttering therapy, respectively) are both included in the process (Terwee et al., 2007). Furthermore, analyzing the data together across all

Table 1. Key informant demographics.

Pseudonym	Status[a]	Gender	Educational degree	Occupation	Years in speech therapy	Years in self-help	Stuttering severity[b]
Elizabeth	AWS	F	Undergraduate	University admissions	4	4	3.00
Retired CPA	AWS	M	Undergraduate	Retired	3	5	3.88
Thor	AWS	M	Technical	Medical technologist	15	5	6.63
Gym rat	AWS	M	Undergraduate	Retired	3	0	1.63
JC	AWS	M	Undergraduate	Retired	10	7	2.88
Oliver	AWS	M	Undergraduate	Stats analyst, manager	8	3	3.38
Jeff	AWS	M	Undergraduate	Law student	0.5	0	4.13
Megan	AWS	F	Graduate	Proofreader	2	4	6.50
Merv	AWS	M	Graduate	Analyst	3	10	2.63
George	AWS	M	Undergraduate	CPA	1	0	4.00
Alex	AWS	M	Graduate	Engineer	10	12	5.88

				Clinic setting	Years working with AWS	Therapy approaches[c]
Liz	SLPWS	F	Master's	Private	7	ARTS, CBT, SM
Bear	SLPWS	M	PhD	University	45	ARTS, SM
Matthew	SLPWS	M	PhD	University	16	ARTS, CBT, SM, FS
Namaste	SLPWS	F	Master's	Private	33	ARTS, CBT, FS, SM
Bill	SLPWS	M	PhD	Private; University	8	ARTS, SM
Runny Babbit	SLP	M	Master's	Private	20	ARTS, CBT, FS, SM
Pete	SLP	F	Master's	Private	20	CBT, FS, SM,
Janet Van Dyne	SLP	F	Master's	Private	7	ARTS, CBT, FS, SM
UK71	SLP	M	PhD	Private	45	ARTS, CBT, FS, SM
Violet	SLP	F	Master's	Private; University	35	ARTS, CBT
Alice	SLP	F	Master's	Private; School	17	ARTS, CBT, FS, SM
Lynn	SLP	F	PhD	Outpatient	30	ARTS, CBT

Note. F = female; M = male.

[a]AWS = adult who stutters; SLPWS = speech-language pathologist who stutters; SLP = speech-language pathologist. [b]Self-reported stuttering severity rated on scale of 1–9 (1 = *no stuttering*, 9 = *extremely severe stuttering*). [c]ARTS = avoidance reduction therapy for stuttering; CBT = cognitive behavioral therapy approaches (e.g., CBT, acceptance and commitment therapy, mindfulness); FS = fluency shaping; SM = stuttering modification.

participants allowed us to develop and present a unified understanding of the change process—one that mirrors the shared decision-making and collaborative treatment planning that is expected to occur in stuttering therapy.

We adopted procedures from Braun and Clarke's (2006) six phase protocol for conducting reflexive thematic analysis of qualitative data, along with Attride-Stirling's (2001) applied thematic analysis approach for developing multilevel themes. Both approaches are forms of inductive, exploratory data analysis where themes within textual data are described and categorized without any preconceived ideas about what ideas lay within the text (Guest et al., 2012). Table 2 contains descriptions and examples of each of Braun and Clarke's (2006) six phases for generating the overall global themes (Attride-Stirling, 2001).

To increase the credibility of our findings, we incorporated investigator triangulation in the study procedures. Investigator triangulation involves including more than one researcher in the data analysis process to reduce the likelihood that the results are unduly influenced by one person's biases and to increase richness of data interpretation (Braun & Clarke, 2019; Denzin, 2007; Mathison, 1988). We also used member checking to solicit participant feedback on the global themes (Ryan-Nicholls & Will, 2009). To do so, we e-mailed all key informants a draft of the three global themes and requested their feedback in two ways. First, we asked them to rate how well the three themes collectively reflected their views on what AWS could do to make positive changes to living with stuttering using a 10-point Likert scale (1 = *not at all what I think*, to 10 = *exactly what I think*). Twenty of the 23 participants responded with a mean agreement rating of 8.9 (range: 6–10; SD = 1.25). Second, we asked all participants to provide open-ended feedback on the content of the global themes and recommendations to improve clarity. For example, one of the global themes we drafted and sent for feedback was: "Participating more fully in social activities, even if they stutter or think they might stutter." Several participants noted increased participation should not be confined to social activities, but related to professional activities as well. The global theme was thus revised to read: "Participating more fully in social and professional activities, even if they stutter or think they might stutter." All final global themes are presented in the next section.

Table 2. Application of Braun and Clarke's (2006) thematic analysis protocol.

Phase	Description	Example
1	Trained research assistants watched and transcribed each interview. The authors reviewed each transcript and extracted meaningful units (Attride-Stirling, 2001), which were discrete utterances related to the topic of the study (i.e., what it means for adults who stutter to make positive changes to living with stuttering).	A meaningful unit extracted from Gym Rat's transcript: "Putting things in perspective, this is no big deal, nobody cares about how I speak, so why do I need to beat myself up over it. I mean, there's bigger things."
2	On their own, each author used the constant comparative method (Glaser & Strauss, 1967) to assign one or more initial codes to each meaningful unit. Initial codes were a word or phrase that summarized a salient concept within a meaningful unit.	The meaningful unit in Step 1 was assigned the following initial codes independently by each author: - First author: Changing thoughts - Second author: Changing thoughts and feelings
3	Continuing to work separately, the authors then collated and organized codes to identify patterns in the data. Axial coding (Glaser & Strauss, 1967) was used to examine relationships within and between codes and to generate global themes.	The initial codes developed in Step 2 contributed to the following drafted global themes: - First author: Increasing comfort with stuttering - Second author: Cultivating neutral or positive attitudes about stuttering
4	The authors met virtually to compare and discuss global themes that were drafted in their independent analyses with emphasis on reducing redundancy between themes and increasing validity and richness of interpretation. Through discussion, they edited, reduced, and merged global themes as needed until consensus was reached.	Drafted global themes were discussed at length.
5	Together, the authors named the global themes that were reached through consensus. Over the course of multiple virtual meetings, the authors jointly organized the data into low-level basic themes and mid-level organizing themes to support and richly depict the global themes.	We agreed to adopt the following global theme: Developing neutral or positive thoughts and feelings about stuttering
6	For member checking purposes, the authors sent a report of the three drafted global themes to all participants. Their feedback was integrated to finalize the global themes. The authors wrote a final scholarly report including full analysis and vivid transcript extracts.	Member checking feedback was reviewed and incorporated to the extent it was possible to do so. Full scholarly report presented here.

After incorporating member checking feedback and finalizing the global themes, both authors revisited the data to formalize, name, and define low-order basic themes and mid-order organizing themes (Attride-Stirling, 2001) to support and illustrate the high-order global themes that were vetted through member checking. Basic themes demonstrate a narrow perspective on the ideas within the transcripts and only begin to take on meaning when they are combined with related basic themes to form organizing themes, which are mid-order themes that illustrate trends gleaned from the transcripts. Both authors reviewed, discussed, organized, and edited the basic and organizing themes until consensus was reached.

Results

Using thematic analysis, we generated three global themes that synthesized the range of behaviors that constitute positive changes to living with stuttering for adults:

1. Noticing and adjusting physical behaviors involved in speaking, to the extent that it is personally important to do so;
2. Developing neutral or positive thoughts and feelings about stuttering; and
3. Participating more fully in social and professional activities, even if the person stutters or think they might stutter.

In the following sections, we describe each of these global themes, along with their constituent organizing and basic themes. Of note, most themes reflect overt actions that are visible to others, but others reflect covert actions that reflect internal, mental processes that occur within the speaker and may not be observable to others (Hazlett-Stevens, 2008; Prochaska et al., 1988; Salkovskis & Millar, 2016). Table 3 displays all finalized themes that we discuss next. In the following sections, we use the acronyms AWS to quickly identify adults who stutter, and SLPWS to identify SLPs who stutter.

Global Theme 1: Noticing and Adjusting Physical Behaviors Involved in Speaking, to the Extent That It Is Personally Important to Do So

The authors codeveloped 11 basic themes that clustered into three organizing themes.

Table 3. Global, organizing, and basic themes reflecting positive behavioral changes to living with stuttering.

Global themes	Noticing and adjusting physical behaviors involved in speaking, to the extent that it is personally important to do so	Developing neutral or positive thoughts and feelings about stuttering	Participating more fully in social and professional activities, even if you stutter or think you might stutter
Organizing themes - Basic themes	Developing preliminary skills for changing behavior - Learning about the structure and function of the speech mechanism - Increasing behavioral self-awareness of speaking and stuttering - Increasing choices for how to adjust moments of stuttering Changing communication during real-time interactions - Decreasing tension in moments of stuttering - Reducing escape behaviors - Increasing forward-moving speech - Using a flexible speech rate - Resisting time pressure - Decreasing physical and mental effort when speaking Generalizing behavior changes - Self-coaching in and outside of the therapy setting - Routinely practicing skills in situations of increasing difficulty (both in terms of how much fear one experiences and the language complexity of the message)	Expanding what "success" means - Broadening one's perspective that "success" does not have to depend on fluency - Noticing when change occurs in small steps - Talking about stuttering more neutrally Being open to difficult experiences - Being open to experiencing and talking about difficult thoughts and feelings related to stuttering - Being ok with the hard parts of stuttering, including how variable it is Feeling more relaxed during moments of stuttering - Developing adaptive responses to stuttering anticipation - Desensitizing oneself to stuttering - Reducing concern with listener reactions - Ruminating less after a moment of stuttering or a difficult stuttering experience Understanding how stuttering fits into one's identity - Reducing shame associated with being known as a person who stutters - Focusing on other parts of yourself outside of stuttering Sharing the stuttering experience - Seeking opportunities to learn about stuttering and others' experiences with stuttering - Increasing self-reflection and creative self-expression	Talking more openly about stuttering - Advocating for oneself - Disclosing and advertising stuttering to others - Educating others about stuttering Saying more of what you want to, regardless of stuttering - Talking more and in more situations - Approaching feared situations more often - Reducing avoidance and safety behaviors Prioritizing social connection - Focusing more on social connection and less on stuttering during interactions - Speaking more spontaneously - Increasing eye contact Increasing one's agency - Communicating when and how one wants to - Making life decisions independent of stuttering

Organizing Theme 1a: Developing Preliminary Skills for Changing Behavior

Stakeholders described three preliminary steps that are helpful for clients to take *before* starting to change their communication behaviors. This included activities such as learning about the structure and function of the speech mechanism, increasing one's behavioral self-awareness of speaking and stuttering, and increasing one's choices for how to adjust moments of stuttering. For instance, Megan (AWS) reported that since she has started therapy, "I'm starting to learn how I stutter." Bill (SLPWS) seconded the importance of "understanding what I'm doing when I'm stuttering and gaining agency in the moment."

Organizing Theme 1b: Changing Communication During Real-Time Interactions

Six basic themes reflected the behavior changes that AWS make to communication *during* face-to-face interactions. Some of these skills were related to modifying moments of stuttering, including decreasing physical tension during moments of stuttering so they are not "just trying to push against the wall that's not going to move" (UK71; SLP) and reducing escape behaviors so that "observable struggle would be going down because they would be using fewer sort of suppression techniques" (Lynn; SLP). Other skills were related to making changes to one's overall speech pattern by increasing forward-moving speech and using a flexible speech rate. Importantly, no participants specifically referred to benefitting from slow speech rate (as is often recommended in fluency shaping approaches); instead, they expressed it was important to adjust one's speech rate as needed to meet the speaker's needs for easier communication. For instance, UK71 (SLP) noted, "they're a little better able to manage the rate to kind of fit their motor capabilities." Participants also referred to higher level skills such as resisting time pressure during social interactions and decreasing physical and mental effort when speaking, such as the following observation by Violet (SLP):

> If you feel like you're struggling and you're tired of struggling, you're exhausted from struggling, you know that the physical struggle of stuttering is the thing that's bothering you the most. If you can change something in your pattern and you feel like you're moving through your word more comfortably or more efficiently, and you found that thing to change that didn't change your spontaneity and didn't change who you are, that would be progress.

Organizing Theme 1c: Generalizing Behavior Changes

Two basic themes reflected the importance of clients engaging in behaviors to generalize their new communication changes. This involves self-coaching within and outside the therapy setting. As Matthew (SLPWS) described, "they're not just coming to therapy and doing what a clinician asks. They actually are doing things on their own. . .and they're coming back and they're talking about it and reflecting on it." Stakeholders also discussed the importance of routinely practicing new skills in situations of increasing difficulty—both in terms of how much fear the speaker experiences and the language complexity of their message, or "working up the hierarchy" as commonly described in stuttering therapy. Gym Rat (AWS) reflected:

> Then you up it a little bit and you go out in public and you kind of put things to practice. . .. My dad used to say you gotta walk before you can run, and so you know, you start down here and the next thing you know, you're up there.

Megan (AWS) also noted, "I went into it ready to make changes even though, like, it was really scary. I didn't know how I was going to get there. Just through breaking them down into really small steps was really helpful."

Global Theme 2: Developing Neutral or Positive Thoughts and Feelings About Stuttering

The authors codeveloped 13 basic themes that clustered into five organizing themes.

Organizing Theme 2a: Expanding What "Success" Means

Three basic themes, when considered together, reflected the importance of clients expanding their definition of "success." As Runny Babbit (SLP) noted, AWS who have just begun therapy may be "very one-dimensional about their stuttering story and have a very limited response to what would be different if [they] didn't stutter. *Nothing, I just wouldn't stutter!*" As such, an important part of the change process is to help them focus on aspects of themselves and communication outside of fluency. Stakeholders discussed the importance of broadening a speaker's perspective that "success" does not have to depend on fluency. Runny Babbit (SLP) further observed that clients:

> Start to notice that it's actually not only in one arena of life, but often the change they're looking for also has different degrees of manifestation in different arenas of their life. . .. People start to expand on the scope of things that they are ready to talk about, to notice, to wish for, and to acknowledge.

In doing so, clients begin to notice when change occurs in small steps. Several SLPs observe changes in how their clients describe their stuttering—specifically, that they talk about stuttering using more neutral language or appear to be developing a more internal locus of control. For example, Liz (SLPWS) described that she looks out for client language that indicates:

> Yes, that is a definitive movement at how you're looking at something. Whether you're, like, externalizing something that you would have your stuttering tunnel vision for and blame, or feel like the listener was making fun of you, having adverse reactions, and you'd be like, *Oh, stuttering!* Whereas I would say a big shift for me is when people are like, well, shame on that person for not understanding.

Organizing Theme 2b: Being Open to Difficult Experiences

Two basic themes highlighted the importance of the AWS being open to difficult experiences. Several SLPs described the process of exploring "thoughts and feelings and taking stock of that and touching that and going into the warehouse and not being scared of the door locking us in there" (Runny Babbit; SLP). Violet (SLP) added that it is appropriate for AWS to feel scared when exploring difficult thoughts and feelings. She noted that the clinician's role is to acknowledge that their fear is acceptable and expected:

> Readiness to feel shame is completely different than readiness to go into a feared situation. And so, you can be ready to feel something that you've avoided feeling before, or something that you didn't want to think before, or considering something that you wouldn't consider before. I mean, those are all—to me—they're steps along this path of change.

As the person shows openness to experiencing and talking about the difficult internal experiences related to

stuttering, they move toward becoming more okay with the hard parts of stuttering—including how variable it is. Jeff (AWS) noted that basing his mood on his level of fluency, which was constantly changing, was a slippery slope:

> I've noticed, um, even just my mood can change. The way I stutter and when it gets triggered, like, when I'm in a good mood, it's not as bad. And then the fact that I'm not stuttering makes me even happier until maybe like halfway through the day I, like, stumble on something and then, it sounds dumb, but it, like, ruins my day.

Voilet (SLP) noted that changing feelings and perspectives is par for the course, and it is useful for clients to acknowledge and accept how variable the experience can be: "Today you felt this way, tomorrow you change your perspective, and you feel a little different. And you acknowledge how you're feeling different. That's positive change."

Organizing Theme 2c: Feeling More Relaxed During Moments of Stuttering

Four basic themes, when considered together, reflected the difficult process of being more relaxed during moments of stuttering—being "more comfortable with it" (Bear; SLPWS). This begins by developing personally adaptive responses to the anticipation of stuttering. Lynn (SLP) described:

> There's that disconnect between the muscle memory of avoidance and the mental knowing of avoidance. So, I feel like a lot of times I see people who… showed up, they didn't avoid. But the whole time they're like, *this is going to be bad, I know it's going to be bad*. And then it's bad. And then they go home and they're exhausted…. I want people to not just do it, but enjoy doing it.

One way to promote those adaptive responses to anticipation is to desensitize oneself to stuttering; several participants mentioned that voluntary stuttering, also known as "pseudostuttering," can be helpful for desensitization. People who stutter may become more comfortable with stuttering by reducing their concern with listener reactions. Violet (SLP) noted:

> Today you're focused on the listener reaction, on the thoughts of others, and the criticism of everybody who sees me talk. And then progress could be that you're okay allowing [the listener] to think something, and that's not ruining your day.

Alex (AWS) had direct experience with this in therapy:

> We started doing things like struggle stuttering assignments at the shopping mall where we keep eye contact with the store clerk until he breaks eye contact because he's so uncomfortable with the situation that we put him in and we've done something so shameful that he can't even look at us. And we're like, *yes! We kept eye contact longer than he did!*

Merv (AWS) remembered a recent experience when he stuttered while ordering a meal:

> I got the weirdest look from the lady [who took my order]…. It ended up not being a big deal at all, you know. At one point in my life that would have been horrible, I would have been crushed. But here it was, oh well.

Merv's story reflects the changes that emerge over time, possibly as the speaker becomes desensitized to listener reactions and comes to ruminate less following a moment of stuttering or difficult stuttering experience.

Organizing Theme 2d: Exploring How Stuttering Fits Into One's Identity

Two basic themes spoke to the utility of exploring how stuttering fits into one's identity. This included experiencing, learning to tolerate, and reducing shame associated with being a person who stutters. Jeff (AWS) described that he was still working on "embracing it and, um, just trying to not be ashamed of it, even though part of that is still there." UK71 (SLP) noted the challenges involved in stuttering identity:

> Not feeling like [stuttering] is a negative part of who they are, as that evolves over time. And it's-it's not about, are you completely fluent. Are you so fluent that you don't want anybody to know that you're a person who stutters so-so going from, you know, I'm a person who stutters and now I don't want to stutter anymore is unrealistic.

For some people who stutter, one way of reducing stuttering-related shame was to focus more on other parts of themselves outside of stuttering, such as hobbies, values, and other identities.

Organizing Theme 2e: Sharing the Stuttering Experience

Two basic themes suggested that people who stutter benefit from sharing their stuttering experience with others to grow a supportive community and reduce feelings of isolation. Many participants discussed the utility of seeking opportunities to learn about stuttering and other's experiences with stuttering. Oliver (AWS) discussed how

participating in a stuttering support group was a positive step toward change for him:

> Being a part of the group through the NSA was-was very helpful in being able to talk with other people who were going through the same things that I was going through, to understand how people deal with their-with their stuttering, and to kind of match it up to things that I was doing or things that I wasn't doing. . .. A part of the group that-that wasn't something that I thought would happen, it just kind of normalized my speech to-to myself. Being around other people who also stuttered made it seem like less of a thing that I needed to avoid.

The second theme involved increasing self-reflection and creative self-expression, for those for whom this would be a useful emotional outlet. For example, Elizabeth is a dancer and created a dance routine about her stuttering; performing this dance was a cathartic experience for her relationship with stuttering. Several SLPs discussed the utility of self-reflection. Matthew (SLPWS) observed that clients may ask reflective questions such as, "What's the situation, what was I thinking, what was I feeling, what was my body doing, what am I wanting to have happen and what actually happened?"

Global Theme 3: Participating More Fully in Social and Professional Activities, Even If the Speaker Stutters or Thinks They Might Stutter

The authors codeveloped 11 basic themes that clustered into four organizing themes.

Organizing Theme 3a: Talking More Openly About Stuttering

Three basic themes, when considered together, reflected the utility of talking more openly about stuttering if that allows the client to participate more fully in interactions. Many stakeholders alluded to the benefits of advocating for oneself across both social and work contexts. A part of stuttering advocacy is disclosing and advertising stuttering to others. Namaste (SLPWS) offered, "They may be disclosing to an employer or family members about the process of what they're doing." This point was triangulated by Jeff (PWS) who noted, "When I-when I meet people, like when I do have a speech block or something, I-I will like just outright admit, 'oh, I have a stutter, you know, give me a second.'" For some, it was important to educate others about stuttering and/or the changes a person who stutters is working on. Janet Van Dyne (SLP) reflected, "Education is always an important piece and. . .doesn't have to be some formal thing. It could be like, 'Hey, you know, actually I've been working on my communication. I'm trying to be a lot more outspoken now and I appreciate if you'd listen.'"

Organizing Theme 3b: Saying More of What You Want to

Three basic themes collectively highlighted how to work toward saying more of what one wants to, regardless of stuttering. Stakeholders discussed the benefits of talking more and in more situations. Matthew (SLPWS) noted that his clients are often "working on just talking," which, as Lynn (SLP) noted, means they "would potentially be stuttering more." Violet (SLP) asserted that "confidence means that-that they're willing to-to talk when they don't have to." To talk more, people who stutter likely have to approach feared situations more often. Janet Van Dyne (SLP) discussed:

> Making discrete choices toward valued activities, to perform valued activities that they were previously avoiding. So that can be something as small and measurable and concrete as, you know, I ordered exactly what I wanted at the restaurant or, you know, I called someone on the phone instead of sending them an e-mail.

Indeed, several AWS noted the specific feared situations that they were working on approaching more. For instance, George (AWS) observed that he was "making phone calls I don't want to make. I'm finding that until you try things in the normal course of daily life, challenge yourself that way, it's hard to really see the results that you want to see." Thor (AWS) also explained that phone calls were a feared situation and offered suggestions for how to work on desensitizing oneself to that fear:

> Well, it seems to me that we should confront the things that cause us difficulty, like speaking on the telephone, like speaking in parties or in a group. I've always kind of felt, the more you can do that, you know, the easier it's going to become. And so I think the best thing for me and a lot of us is, would be to practice over and over again, you know, I can envision us getting telephones out and having conversations back and forth just holding the telephone to our ear, you know. Cause I just, I think the more you do that you get desensitized to the fear.

Stakeholders also discussed reducing avoidance and safety behaviors as a means to saying more of what one wants to say. Bear (SLPWS) noted that he views progress as a "decrease in avoidance behaviors, um, you know, both word and sound avoidance but also situation avoidance." However, Liz (SLPWS) cautioned, "It's not so black and white between avoiding something or doing it

right. There's, like, a lot of ambiguity and steps to be made. What-what does partial participation look like, what might that first step look like."

Organizational Theme 3c: Prioritizing Social Connection

Three basic themes reflected the importance of prioritizing social connection, which could be achieved in several ways. One of which was focusing more on social connection and less on stuttering during interactions. Alex (AWS) reflected that as a child, "the isolation of what maybe originally…was a speech motor disorder…turned into this human communication disorder and the disconnection from human communication that-that-that-that my stuttering grew into." In her clinical work, Lynn (SLP) has noticed that increasing social connection is "very client specific but, you know, it could be things like them interrupting less, you know, that habit of starting to talk while the other person is talking" to avoid stuttering. Many stakeholders alluded to increasing eye contact during conversation, which, for some, can yield greater social connection. Once the speaker is able to prioritize social connection, "it's joyful…when you have a really good conversation with someone, that feeling inside of connection and happiness and joy" (Violet; SLP). Joy in communication likely stems from speaking more freely during social interactions. Violet (SLP) offered:

> I think that being spontaneous, just like everybody else is, allows you to say everything you want to say and allows you to step into conversations that move quickly and allow people to get to know who you are as a person, because only when you communicate spontaneously can humor be there, can sarcasm be there.

Organizing Theme 3d: Increasing One's Agency

Two basic themes suggested that increasing one's sense of agency is critical to increasing participation. One way to increase agency is by communicating when and how one wants to. While choosing to approach a feared word or situation was typically regarded as adaptive among the stakeholders, Runny Babbit (SLP) noted that choosing to avoid is also valid, as long as it is motivated by the speaker's sense of choice rather than them feeling at the mercy of stuttering:

> Being deliberate and bringing back the power of choice so that a person is not um, compelled not to raise their hand. They can still choose not to raise their hand. They can still choose not to say their name if they want. They can still choose to word change their job title…. They'll still be making choices at times to do things that they may have been doing for 30 years, but it's going to come again from a place of choice and a place of understanding and deliberateness as opposed to a place of compulsion.

Alex (AWS) described what making choices about communication meant to him:

> I can ask how-how-how am I going to choose to introduce myself? I think that-that level of choice of, am I going to put myself into a situation where people may notice that I stutter, and then what choices am I going to make as I communicate with people. For me on-on a day-to-day basis that's what choosing to do something positive or choosing to do something negative. Another thing…I think this this maybe first comes out the Dean Williams school of thought of there is no stuttering 'it.' 'It' doesn't happen to me. There's-there's-there's no stuttering monster that's inside of me…. It's what am I choosing to do.

Personal agency and autonomy are also achieved by making life decisions independent of stuttering—or as Lynn (SLP) described, "a theoretical taking stuttering off the table." Merv (AWS) reflected, "eventually I got to a point where I just said, 'You know, it's-it's impacted my life up to now.' I think you just have to get to the point where you say, it's-it's not going to impact [my life] like it has."

Discrepant Perspectives

During the authors' discussions to reach consensus on themes, it was apparent that stakeholders shared several contradicting perspectives about the behaviors of positive change. Each of these opposing perspectives comprised their own basic theme but are separately distinguished from the final themes described above (and in Table 3) because they reflected notable discrepancies among stakeholders. Table 4 outlines the contradicting perspectives that the authors identified from the interviews.

The first contradicting perspective related to the role of using "speech tools" to promote positive change. A

Table 4. Contradicting perspectives on positive behavior changes expressed by stakeholders.

Perspective held by some stakeholders		Perspective held by other stakeholders
Using speech strategies	vs.	*Not* using speech strategies
Thinking *more* about stuttering	vs.	Thinking *less* about stuttering
Being willing to feel uncomfortable	vs.	Increasing comfort

small number of participants reported that using strategies to either speak more fluently or stutter more easily was useful for them. For instance, Oliver (AWS) noted that he appreciated "being more aware of my speech and thinking about what I was doing and thinking about using a strategy or how I was going to approach a situation." Gym Rat (AWS) shared his belief that strategies "can [become] a part of you" or "a habit" that can be helpful in communication. Liz (SLPWS) discussed that speech tools can be "the right starting point" for some clients who appreciate simplicity. On the contrary, other participants argued that "it's not about tools. It's not about adding stuff" (Lynn; SLP), because "a lot of times, the tools can just be an eventual addition to the trick bag" (Liz; SLPWS). Elizabeth (AWS) described a similar sentiment, stating that as time passes, "the stutter maneuvers around [speech tools]." Alex (AWS) elaborated:

> I think we really need to be very, very careful with how much value and importance we put on our speech strategies being able to help us stutter less or stutter in a way that we're more comfortable with. Because the truth is, over the period of a lifetime, especially if you're challenging yourself, you're gonna go through periods of time where your fluency, if that's what you're rating success on, is gonna go down. Your struggling is gonna go up.

The second discrepant perspective pertained to the role of how much thinking about stuttering was helpful in facilitating positive changes. Some participants discussed how thinking *more* about stuttering was an integral component of positive change. For example, Namaste (SLPWS) noted, "they would be doing something every day, whether it's internal action so thinking about their speech, thinking about a situation, perhaps journaling a little bit or bringing it back to the table to talk about it." Other stakeholders shared a view that spending *less* time thinking about stuttering was an important indicator of positive change. Lynn (SLP) shared that positive change involves "less rumination" and "keeping the mind clear" after difficult social interactions. Bill (SLPWS) described:

> Their speech requires less-less mental attention. That frees up cognitive resources for thinking about what you want to say linguistically, thinking about how you want to interact socially. Um, I would say the benefit is hopefully that it leads to less time spent thinking about stuttering, right? I would say that, um, the more time you're thinking about what you wanna say and who you're talking to and the less time you're thinking about physically producing speech, um, is generally a move in the right direction. And hopefully that would lead to less frustration in the long run, more enjoyable communication.

Finally, stakeholders had opposing perspectives on the role of comfort in making positive change. Many participants (Oliver, AWS; Bear, SLPWS; Matthew, SLPWS; Janet Van Dyne, SLP; Alice, SLP; UK 71, SLP) described that positive change often involves increasing comfort with stuttering in various speaking situations and with being known as a person who stutters. Others (including some of the same stakeholders) shared that feeling "uncomfortable" (George, AWS) and "going outside of comfort zones" (Liz, SLP) were integral to personal growth. George (AWS) elaborated that "having the courage and being brave enough to say exactly what you want to say, even if it means you're gonna stutter" was part of his own positive change. For Alex (AWS), seeking out discomfort played a role in reducing feelings of shame. Part of his positive change involved acknowledging that "we're going to experience shame, that this shame is real, and that we're going to basically sit and just be in the shame and experience the shame of stuttering openly."

Discussion

The purpose of this study was to document the specific actions that AWS can engage in to make positive changes to living with stuttering. We interviewed key stakeholders, including AWS and stuttering specialists, to develop a rich representation of what positive change entails. Results from collectively considering all stakeholder perspectives indicated that the change process is multidimensional and often involves one or more of the following: noticing and adjusting speaking behaviors, developing neutral or positive thoughts and feelings, and increasing social and work participation.

Extending Prior Work With Adolescents Who Stutter

These findings extend our previous work in which we identified the actions involved in stuttering management for adolescents who stutter (Rodgers et al., 2021; Zebrowski et al., 2021). In general, the three domains of change (i.e., global themes) seem to be similar across the age groups, but the adult themes are more nuanced and allow for greater appreciation of individual differences and discrepant perspectives. Reflective of their developmental stage, the themes we created for the adolescents who stutter (Zebrowski et al., 2021) were simple and straight forward. For instance, one of the overall themes for the adolescents was "using strategies for speaking more fluently and/or stuttering with less tension." A direct interpretation of this theme might leave little room for the practice of learning about one's speech mechanism and exploring how to make talking easier. It can also be

perceived as somewhat prescriptive, implying that speech strategies are useful for *all* adolescents who stutter. Our findings suggest that for AWS, the benefits and drawbacks of using speech strategies are complex and depend on when, why, and how they are used. Most stakeholders agreed that there is value in learning to talk more easily, but the sole use of speech strategies as a means to achieve that goal is overly simplistic and unreliable in real-world contexts. Some argued that learning speech strategies can be beneficial early in the change process, particularly to demonstrate that clients are capable of changing how they talk, but that the strategies can easily morph into "tricks" that are used to avoid or conceal stuttering, which is counterproductive to achieving positive psychosocial outcomes. This is an important point for SLPs to be aware of given the link between concealment of stuttering and reduced quality of life (Gerlach et al., 2021).

Many Roads Lead to Rome in Stuttering Therapy

The three-part operational definition of the behaviors that constitute positive changes for AWS brings together a variety of evidence-based practices. Change is a personal and complex process that involves unique elements for each client. This is reflected in the current literature in that many different types of therapy "work" or have some level of evidence to support their role in promoting positive change. For example, the first theme involves making physical changes to speech and/or stuttering to make talking easier. This is embedded in established therapy approaches such as speech restructuring (i.e., fluency shaping; Onslow et al., 1996), stuttering modification (Van Riper, 1973), and the normal talking model (Williams, 1979). The second theme involves developing neutral or positive thoughts and feelings about stuttering. Approaches such as cognitive behavioral therapy (Harley, 2018), acceptance and commitment therapy (Beilby et al., 2012), and mindfulness (Boyle, 2011) have been shown to be effective for AWS. It is important to note that from a transtheoretical perspective, changing thoughts and feelings is considered an action even though it is not necessarily observable to others. For example, transtheoretical measures for readiness to manage depression include the behavior of "controlling negative thoughts every day" (Levesque et al., 2011, p. 80). The third theme involves participating more fully in social and professional activities, even if the person stutters or thinks they may stutter. This behavior aligns closely with Avoidance Reduction Therapy for Stuttering (ARTS; Sisskin, 2018). Together, our three-part definition of change in stuttering therapy offers a framework for clinicians to explore evidence-based approaches with their clients.

Making Actions Personally Relevant

In this study, we presented specific actions that AWS can target to promote positive changes to living with stuttering. In addition to extending our own prior work with adolescents who stutter, it also extends recent work of other researchers that advocates for multidimensional, holistic approaches in stuttering therapy (Beilby et al., 2012; Byrd et al., 2016; Langevin et al., 2010; Sønsterud et al., 2020). Importantly though, most of those studies have focused on reporting the *outcomes* of such interventions. This study is unique in that we focus on the *actions* that can lead to individualized outcomes for people who stutter. We argue that one action can lead to different outcomes. This is because actions can be motivated by different intentions, depending on what is relevant to the client. To clarify this point, we offer two common actions in stuttering therapy that we presented in our findings that can be motivated by different intentions: changing speech or stuttering patterns, and self-disclosing stuttering.

Many SLPs coach their clients who stutter to change their talking or stuttering often by using speech modification strategies (e.g., O'Brian et al., 2003), stuttering modification strategies (Van Riper, 1973), or focusing on forward-moving speech (Williams, 1979). The motivation, or intention, can be different for different people. Some people who stutter may want to change how they talk or stutter so that they feel a sense of control or autonomy over how they talk. Others may want to appear more fluent to shield themselves from potential scrutiny from the listener. Others may want to minimize their listeners' discomfort or confusion. These three intentions are all valid, and reflect the different reasons that people make want to change how they talk or stutter. Another common therapy activity that can be informed by various intentions is self-disclosing stuttering (Boyle et al., 2018; Boyle & Gabel, 2020; Byrd, Croft, et al., 2017; Byrd, McGill, et al., 2017; Croft & Byrd, 2021; McGill et al., 2018). Some people who stutter self-disclose with the intent of freeing themselves from the pressure of trying to hide their stuttering during an interaction. Others may want to clarify to their listener what they are experiencing. Others may want to expose themselves to negative emotions they may feel being known as a person who stutters. Again, these three intentions are all valid reasons for why someone might want to self-disclose. This highlights the fact that the same action can be beneficial for many people who stutter but for different reasons.

Importantly, in our clinical experience, the example intentions we offered in the preceding paragraph are common but not exhaustive. In addition, while the intention that motivates an action can be singular (e.g., disclosing stuttering to educate their listener), it can also be complex and multidimensional (e.g., disclosing stuttering to educate

their listener, allow themselves to stutter, and desensitize themselves to stuttering-related shame). SLPs are encouraged to have discussions with their clients early and often throughout the therapeutic process about the client's preferred outcomes, the possible actions they can practice to achieve those outcomes, and the specific intention(s) behind each action. These discussions allow the client and SLP to make shared decisions and cocreate therapy plans that are timely and personally meaningful to the client who is the expert on their experience.

Limitations and Future Directions

As with all qualitative research, the findings from this study are not intended to be rigidly applied to all individuals who stutter. The themes we developed reflect the experiences of those we interviewed. It is also important to consider that the key informants in this study do not adequately represent racially and culturally diverse backgrounds, as all but two of the 23 participants were White. This limits the generalizability of our findings for AWS from diverse and potentially marginalized backgrounds. We also did not account for potentially important intersectional variables such as age, gender, stuttering severity, time in therapy/years of experience, or focus of therapy, outside of providing those as demographic details in Table 1. However, we sought to maximize the credibility of our results by various means, including researcher triangulation and member checking.

We also acknowledge the considerable disagreement that exists between some perspectives on the change process for AWS. Throughout our analytic process, we were committed to finding common ground across the stakeholder transcripts. We were transparent about the contradictory perspectives that we identified in the data, which we presented in Table 4. More research is needed to understand the nature of these seemingly contradictory perspectives. It is possible that these perspectives (e.g., increasing comfort vs. willingness to feel uncomfortable) are not in conflict, but coexist together or facilitate one another in the larger overall process of change. For example, it could be that willingness to feel uncomfortable (e.g., participating in desensitization activities) facilitates later feelings of comfort. Future research on processes of change and their relationships to stage movement is warranted.

Despite these limitations, these findings represent a useful analysis of the myriad ways that AWS can engender positive changes. The results of this study will be used to develop an assessment for AWS that is based on the transtheoretical model of behavior change. This assessment offers a three-part definition of what it means for AWS to make positive changes (i.e., the three global themes described in this article) and then asks respondents to rate how ready they are to address each part. Our future work will focus on establishing the reliability and validity of that assessment to expand SLPs' abilities to match therapeutic actions to their clients' readiness to practice those actions.

Conclusions

Through our interviews with key stakeholders involved in adult stuttering therapy, we identified three overarching behaviors that constitute positive changes for AWS. The subthemes that we identified illustrate the myriad ways that AWS can make those positive changes. The themes align with a biopsychosocial framework and highlight that there is not one "right way" when it comes to stuttering therapy. Clients and SLPs should collaborate to develop individualized therapy plans, composed of actions and outcomes that are personally meaningful. It is equally important to have a shared understanding of the intent, or *why* the client is participating in various activities, which can help clients connect what they are doing in the therapy room to their preferred outcomes. This can promote their understanding of, and agency in, the change process.

Acknowledgments

This work was supported by a faculty seed grant from the University of Nebraska–Lincoln Research Council (Award 19479; Principal Investigator: Naomi H. Rodgers).

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