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Acceptance & Commitment Therapy: An Experiential Journey for Clinicians & People Who Stutter

Jaime Michise & Scott Palasik

Abstract

Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 2012; Harris, 2009; Luoma, Hayes, & Walser, 2007; Hayes, Strosahl, & Wilson, 1999) is a form of psychotherapy that focuses on helping clients live a valued-based life through the development of psychological flexibility. Clients can develop psychological flexibility by practicing the six core principles of ACT – 1) *contact with the present moment*, 2) *acceptance and willingness*, 3) *thought defusion*, 4) *self as context*, 5) *defining values*, and 6) *committed action*. By incorporating the principles of ACT into therapy, clinicians can guide their clients who stutter in practicing willingness to come in contact with all thoughts and feelings that may arise related to stuttering. Additionally, clients can learn to talk about their stuttering using less judgmental language and look at their stuttering from an outside perspective. This process can help them to more clearly define their values and create committed actions that allow them to live by these values – regardless of whether they stutter. In the following paper, we will guide you through exercises to help you better understand each of the core principles of ACT; and also provide clinical examples of using ACT with individuals who stutter. Furthermore, we will summarize some of the current research that exists about brain changes as they relate to the core principles of ACT.

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Learning Objectives

1) List the six core principles of Acceptance and Commitment Therapy (ACT).
2) Describe six ways to implement ACT into therapy sessions with people who stutter.
3) Summarize one current finding regarding the ways in which mindfulness physically changes a brain.

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What is ACT: A Brief Introduction

Acceptance and Commitment Therapy (pronounced as one word, ACT) is a clinical psychotherapy approach used to help clients address basic human suffering in the hope of becoming more psychologically flexible with all thoughts related to suffering (Hayes, Strosahl, & Wilson, 2012; Luoma, Hayes, & Walser, 2007). ACT suggests that by connecting with the language used during painful moments, clients can accept their suffering and therefore live a fuller life (Harris, 2009). There has been limited research and publications on ACT with People Who Stutter (PWS) (Palasik & Hannan, 2013; Beilby & Byrnes, 2012; Beilby, Byrnes, & Yaruss, 2012). However, with increased research and professional discussions with PWS and clinicians about ACT, this approach shows great promise with many potential applications.

Before clinicians can use ACT with clients who stutter, they must first understand each of the core principles. The six core principles of ACT are – 1) *contact with the present moment*, 2) *acceptance and willingness*, 3) *thought defusion*, 4) *self as context*, 5) *defining values*, and 6) *committed action*. The principles are displayed as a hexagonal shape, called a Hexaflex, and work in conjunction with one another; contributing to the central purpose of assisting clients in becoming more psychologically flexible and therefore living a values-based committed life.

The Power of Language

Words are powerful. They can shape our thoughts, guide our actions, and make/break our relationships. Sometimes, just the thought of a word can have almost as much, if not more, power than a spoken word.

For example, think of the following word – *MILK*. Do not say it out loud – just think of it a few times. What comes to your mind? Did you picture the white liquid? Or a bowl of cereal filled to the rim? What about a cow? Or even ice cream? If you lived in Japan, you might think about wheat-infused milk – something that is not commonly found in the United States. If you are a speech-language pathologist (SLP), you may even think about the way in which your articulators form the word or the various dialectal differences you have heard in the way that the word is pronounced.

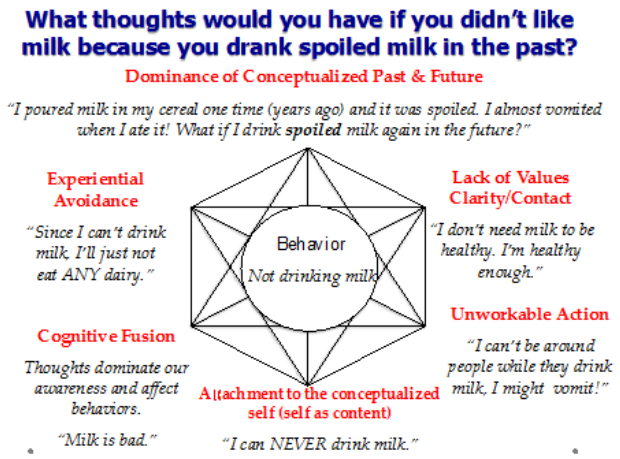
What is fascinating about this exercise is that you never uttered the word *MILK*. You were not primed or forced to think a certain way; and yet, many thoughts arose. The human mind has the ability to make an infinite number of associations based on words, thoughts, and experiences. And this is where the journey of ACT begins.

Humans have the innate ability to associate the language we use with our experiences. Relational Frame Theory (RFT) (Hayes, Barnes-Holmes, & Roche, 2001; Hayes & Smith, 2005), which is one of the foundations of ACT, is a language learning theory about this very concept. RFT examines how humans think and associate information. The theory suggests that we relate to our world through language; and, through our life experiences we make associations tied to that language. Some of these associations may be direct links and seem rational – like picturing the white liquid most of us call milk. Other associations may seem completely random and yet make perfect sense to the speaker. When using the *MILK* analogy during a recent presentation, we had one participant tell us that our prompt to think of the word milk three times triggered a memory of a classical piece of music she played several years earlier. She went on to explain that the rhythm with which she silently recited the word milk led her to feel the beat of the song.

Now, *MILK* is a neutral word and does not usually evoke strong emotional responses when thought of or said; however, what if you had a bad experience with milk in the past? Perhaps you drank sour milk or you are lactose intolerant. How might this exercise be different? And, what might your reactions be to the thought of drinking milk (or encountering milk) in the future? It is possible that your associations are not nearly as neutral. And, that you might even feel a physical sense of nausea at the thought of milk.

In this example (Figure 1), your mind is being dominated by the conceptualized past and future. You might begin to experientially avoid all dairy foods – some of which you enjoyed in the past. Your negative experience may lead you to cognitively fuse to thoughts like "Milk is bad." And the more you tell yourself milk is bad, the more you believe it as fact. As you fuse to your thoughts, you may begin to make rules for yourself, like "I can never drink milk." These all or nothing rules may dominate your mind and distort your values. You value health (and that once included drinking milk to keep your bones strong); however, now you begin to convince yourself that your bones are strong enough. And, with time, you might even begin to avoid others when they are drinking milk. These unworkable actions lead to the behavior of "not drinking milk" and make it difficult for you to think about this situation in a psychologically flexible way. Figure 1 details the process we just discussed.

Figure 1. Psychopathology of "Drinking Spoiled Milk" within the ACT Hexaflex



Let us do this exercise again. This time, instead of thinking of the word – *MILK* – think about something that causes you stress. Perhaps you think about the loss of your mother, the challenges of being a new dad, a

recent break up, or an argument with your best friend. Think about the word, thought, or idea several times. Are your reactions different? Perhaps this time, the exercise triggered stronger emotions – possibly fear, worry, self-doubt, or even rumination. All of which are examples of human suffering.

Clinical Example

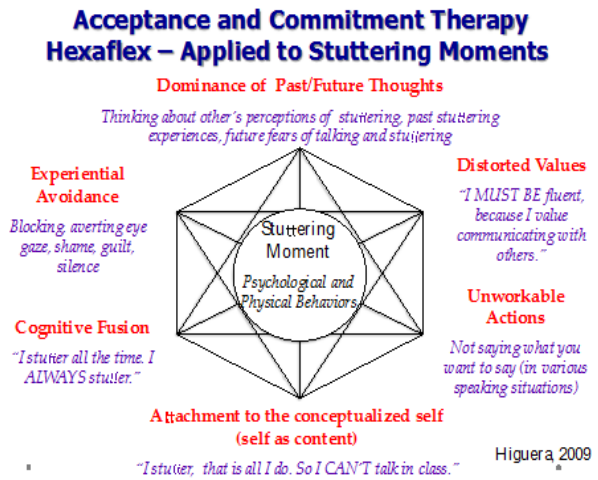
Sam is excited about trying a new restaurant and calls to make a reservation. As he attempts to tell the receptionist his name, he blocks severely. The receptionist laughs and asks if he has forgotten his name. Sam quickly hangs up.

Now, let us ask Sam to complete the same exercise explained above. The word we ask him to think about is – *PHONE*. What are some thoughts that might possibly come to Sam's mind? Perhaps he thinks of an actual phone and then remembers his experience being hung up on. As he recalls this memory, perhaps he feels tightness in his chest and a pit in his stomach.

The next time Sam wants to make a reservation, he may relive his past experiences and worry about stuttering on the phone in the future. The emotions tied to past experiences may lead Sam to avoid thinking about the phone altogether. Sam may begin to fuse to his past experiences and create judgmental thoughts like "The phone is evil" or "The phone makes me stutter more than anything." These negative thoughts may distort Sam's values. Perhaps Sam values sharing his thoughts and connecting with his family and friends who live in another state. He may begin to convince himself that "he does not need to talk on the phone" because "he will stutter" and so "it does not matter if he shares his thoughts or not." Over time, these thoughts may lead to the creation of unworkable actions in which Sam avoids speaking on the phone and connecting with family and friends even though he really wants to.

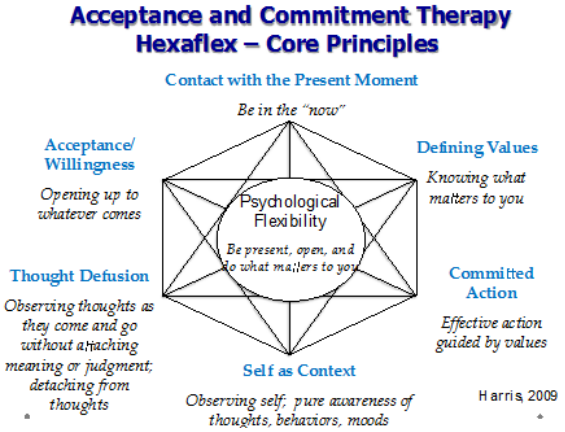
We explained this thought process in detail; however, this entire process can occur in an instant when a person encounters something that causes them stress. In Sam's case, as he continues in this automatic thought feedback loop (McKay, Davis, & Fanning, 2007), he may become more psychologically inflexible as he thinks about talking on the phone. And, he may possibly exhibit more physical disfluencies when he talks on the phone as a result. Figure 2 details this process.

Figure 2: ACT Hexaflex Applied to Stuttering Moments



The goal of ACT is to address human suffering and create psychological flexibility by targeting the six core principles of ACT. These principles are displayed in the ACT Hexaflex shown in Figure 3. The hope is that by increasing psychological flexibility, an individual will begin to live his life in a way that matches his values (who he is at the core).

Figure 3. ACT Hexaflex – Core Principles



Throughout the rest of the article, we will guide you through exercises to help you better understand each of the core principles of ACT; and also provide clinical examples of using ACT with individuals who stutter. Additionally, we will summarize some of the current research that exists about brain changes as they relate to the core principles of ACT.

The Science of Stress

Before we dive into our discussion of the ACT principles, let us begin by first discussing stress and anxiety. Think again about that one *thing* that causes you stress and anxiety. Perhaps this *thing* is a one-time traumatic event, like the Columbine shootings, or a repeated event like stuttering. Regardless, in addition to the thoughts and emotions that accompany thinking about or encountering this *thing*, you may experience physical reactions like sweaty palms, increased heart rate, body flushing, headaches, or nausea as well.

So, where does stress come from? And, when did our species learn to be stressed or anxious? According to Rozin and Royzman (2001), human beings possess an innate survival skill known as negative bias. Hundreds of years ago, before cell phones, running water, indoor plumbing, and even fire, people's brains learned that negative experiences were more powerful than positive ones. Hanson (2013) gives a perfect example of how this negative bias may have developed. Let us say that our early ancestors saw a round shape in the distance. That shape could be a bush, in which case it would be snack time; or, that shape could be a bear, in which case our ancestors would be the snack. Through time, and unfortunately (for them) experience, our ancestors learned to avoid the round shape in the distance; thus, helping our species to survive and evolve to where we are today. While we are not fending off bears today, our brain still possesses this negative bias. Studies have shown that the deep structures in our brain – the hippocampus, amygdala, and the hypothalamus – actually respond more readily to negative bias because "negative experiences and stimuli are perceived more rapidly and easily than positive stimuli" (Hanson, 2013; p. 21).

Research conducted by a group of neuroscientists at the University of California –Berkeley revealed that chronic stress actually triggers long-term changes in both brain structure and function (Chetty et. al, 2014). Findings showed differences in both the volume of gray matter versus white matter and the size and connectivity of the amygdala in individuals who experience chronic stress. Chronic stress generates more myelin-producing cells and fewer neurons than normal; thus resulting in excess white matter in some areas of the brain. This can disrupt the balance and timing of communication within the brain. Additionally, this excessive myelin sheathing may strengthen the connection between the amygdala and hippocampus and improve fight-or-flight responses when under perceived threat or attack. This may have helped our ancestors to survive; however, we are not usually at risk of being eaten by a bear on a daily basis.

ACT can assist individuals who stutter in beginning to manage stress, anxiety, and negative perceptions associated with their speech and stuttering by focusing mindfully on what matters most to them – their values. ACT does not teach individuals to avoid stress or anxiety; instead, it helps individuals to develop the skills needed to view these negative thoughts with as little judgment as possible.

Acceptance and Willingness to ACT

What do you think of when you hear the word *acceptance*? Does it conjure up thoughts of giving in? Or having to be okay with something that deep down you really are not okay with? Through conversations with both clients and therapists (during multiple workshops about ACT and stuttering), we have realized that many people believe the words *accept* and *like* to be synonymous. However, it is entirely possible to accept something and not like it. Take stuttering, for example. I can accept that I stutter *AND* I can have days when I think my stuttering sucks. It is also important to understand that acceptance is not usually a process that occurs immediately, and the journey toward acceptance often requires a lot of work. We can learn to be willing to sit with or talk about any reactions, thoughts, or behaviors that may arise and we can practice not judging or attaching meaning to them.

Imagine you are standing in front of a large audience of people you do not know. We ask you to take the next thirty seconds to tell the group about your favorite movie in as much detail as you can. As you start talking, we begin tossing M&Ms at you. How might you respond? What might you do with your body? What might happen to your speech? What thoughts might enter your mind? Most individuals (after shooting us a look of surprise) attempt to catch the M&Ms and talk at the same time. Their bodies begin to bend forward, their breath becomes more rapid, and their speech becomes less fluent (usually containing pauses, fillers, and requests for us to stop tossing M&Ms). When asked about their thoughts, workshop participants often say things like "I have to catch these M&Ms and talk?" or

"Oh my gosh, how am I supposed to catch these M&Ms and focus on my story? I cannot do both at once."

The interesting thing about this exercise is that we never told you that you had to catch the M&Ms, did we? Let us try the exercise again – this time we want you to tell us about your favorite movie in as much detail as you can. And, you can *CHOOSE* whether you catch the M&Ms or not. What would you do? What might be different about this experience if you chose to let the M&Ms fall as you talked? Some participants let the M&Ms fall. Other participants choose to catch the M&Ms – this time knowing what to expect and that they can choose to let the M&Ms fall at any time. In both cases, the participants' speech rate slowed down, their speech became more fluent and focused, and their story flowed.

Some people who stutter can have a similar experience during speaking situations, in which they have many thoughts bombarding them all at once. In addition to processing the incoming information and formulating a response, an individual who stutters may also be thinking about possible listener reactions and feeling the need to be fluent. These thoughts may decrease willingness and acceptance, particularly if more negative thoughts surface with each moment of disfluency. Increased negative thoughts like, "I cannot talk," can put the individual in conflict causing even more negative thoughts to emerge. Essentially, depleting the energy put into focusing on the message itself.

Choice is a powerful concept and can be an important one to discuss with our clients who stutter. While many clients often feel no sense of control when it comes to their stuttering, they may actually have more control than they believe. Especially when it comes to making choices regarding their thoughts about and reactions to situations involving their speech/stuttering.

In order to embark on this journey, it helps to be willing – willing to try new things, willing to talk about difficult situations, and even willing to sit with challenging emotions and painful memories. As therapists, we can ask our clients and ourselves two simple questions at the start of every session – 1) Are you willing to participate today? 2) Are you willing to be open to new ideas and perhaps even try something new? These two questions encompass the concept of willingness and allow all individuals present to begin each session fresh (open-minded) and to let go of assumptions from the past or expectations for the future. Both client and therapist can make the choice in that moment regarding what they are willing to tackle – no matter how big or little that step may seem.

Clinical Example

As therapists, we can address acceptance and willingness with our clients by encouraging them to be willing to examine options for negative thoughts about their stuttering. Let us say that your client – John – and you are talking about his goal of talking more in class and John says, "I am going to stutter on every word I say in class today, so why even bother raising my hand?" You might ask him to tell you a bit more about that statement and then follow up by asking him if he would be willing to role play a classroom situation with you. As the exercise plays out, John may begin to realize that he did not actually stutter on every word that he said. Perhaps this realization will evolve into a conversation about the language John uses – and the ways in which this language may be impacting his thoughts and actions.

John was willing to make the choice to explore the factors that may have been holding him back from participating in class. In many ways, beginning this conversation is no different than facing a fear (like singing karaoke in front of a group or sailing on the open ocean). John is observing his thoughts without evaluation and allowing them to come as they do. This conversation may help John to make realizations that bring him closer to acceptance of his stuttering as a small piece of who he is – among many, many more pieces.

Contact with the Present Moment

The present moment is all that we have. If we find ourselves dwelling on the past or fretting about the future, we are taking ourselves away from the present moment (Wilson & Dufrene, 2012). And yet, in the fast-paced society in which we live, it can be difficult to slow ourselves down enough to be in the present moment. Our breath can be a wonderful tool for helping to bring us back to the present moment – especially since it is always with us. Let us explore this idea a bit more.

Find somewhere quiet and comfortable to sit – it can be in a chair or on the floor. Sit up straight, plant your feet

firmly on the floor (or cross them if you are sitting), and place your hands face up on your lap. Now, close your eyes. Take the next minute to focus on your breath. Feel the cool air come in your nose as you inhale and the warmed air leave your nose as you exhale. Feel your stomach expand as it fills with air and deflate as you slowly let the air out. As you focus on your breath, your mind may begin to wander. You may begin to think about a conversation with a friend or even the errands you need to run before dinner. Take notice that your mind is wandering and come back to your breath. More thoughts may arise – and that is okay. Notice them and allow them to float by – as though they are clouds in the sky. Do this for a few more minutes and as you feel ready to "come back," take six purposeful breaths and open your eyes.

How do you feel? What was this experience like for you? Was it easy or difficult? In what ways?

Mindfulness-Based Stress Reduction (MBSR) is one of the most widely used mindfulness training programs and has been reported to produce positive effects on psychological well-being and to decrease symptoms of a number of disorders (Kabat-Zinn, 1982). Hölzel et al. (2011) conducted magnetic resonance imaging (MRI) brain scans on participants before and after an eight-week MBSR course. They found that the MRIs revealed significant physical changes in the brain. Increased gray-matter density was found in the area important for learning and memory (hippocampus) and in the structures associated with self-awareness, compassion, and introspection. Decreased gray-matter density was found in the area known to play an important role in stress and anxiety (amygdala). One of the fascinating aspects of this study was that several mindfulness exercises were used (body scan, yoga, and sitting meditation) and participants reported that they only spent an average of twenty-seven minutes per week intentionally practicing mindfulness exercises.

The above study seems to indicate that it takes very little time to make physical changes in the brain. This time also allows an individual to create space, which gives him the opportunity to generate an outside perspective (self as context). We will touch on this concept later in the paper. This newly formed space can allow for new thoughts to emerge and the practice of psychological flexibility to continue.

Clinical Example

As therapists, we can help our clients to come in contact with the present moment by introducing them to a wide variety of mindfulness exercises – breathing meditations, loving kindness meditations, five senses meditations, walking meditations, body scans, mindful eating, mindful writing, yoga and six breaths on purpose (Wilson, 2012).

One of our clients, a nine-year-old boy who presented with a moderate-severe stutter, had been working on meditation and mindfulness breathing for about six months when he announced that he had made his baseball league's All-Star Team. According to his mother, right before the game, as his team was warming up on the field by tossing the ball around and taking practice swings at bat, our client was on the sideline kneeling on one knee with his eyes closed. His mother walked up to him, surprised that he was not with the rest of his team, and asked, "Boy, what are you doin'?" Without hesitation and without opening his eyes he responded, "Momma shoosh, I'm breathin'!"

The amazing thing about this story (aside from the fact that our client made the All-Star Baseball Team!) was that no one had told him to transfer his breathing and meditation skills to the baseball field. He took it upon himself to create his own space when he felt anxious. And, he was performing the activity prior to an event where there was not any speaking pressure involved. He recognized, on his own, the value of pausing to create space and calm his body by stopping and connecting with the present moment. Even a child has the ability to recognize what his mind and body needs in both stressful and comfortable situations.

Defining Values

When you think of the word – *VALUE* – what comes to your mind? Can you quickly list five to ten of your values? Or do you find the question a bit open-ended, daunting, and difficult to answer?

Let us try this. Take out a sheet of paper and answer the question – Who are you? Take about a minute to write down your thoughts. What were some of your responses? Now, close your eyes and imagine the following – It is your 100th birthday party and the person who is closest to you emotionally is going to give a speech about you. What would you want that person to say? (Not – "What do you think they will say?" –

because that might be different). Write down your thoughts. Now, look back at your responses to the both prompts. Were your responses the same or different?

We have found that for the first question, participants often wrote down their roles – things like mother, daughter, father, son, speech-language pathologist, person who stutters, runner, musician, writer, etc. Were any of those responses on your list? And for the second question, participants often wrote down characteristics of themselves. Things like caring person, loyal friend, motivated student, empathetic listener, etc. These characteristics are our values – who we are at the core. While our likes, dislikes, appearance, hobbies, careers, and even fashion sense may change throughout our lives, our values remain rather constant. If we really stopped to think about it, it is our values that drive us to participate in the roles we choose (like our likes, dislikes, hobbies, careers, etc.).

Research in the field of neuroscience discusses the concept of a joyful amygdala in which happier people show more ability to handle and "respond appropriately to both opportunity and threat to their environment" (Cunningham & Kirkland, 2014; p. 766). So, it is possible that the more a person lives by her values and finds happiness in those choices, the more psychologically flexible she may be in both stressful and enjoyable experiences. Additionally, according to Roberts-Wolfe (2012), the more positive experiences a person has, the more dopamine is released. And, this increase of dopamine in one's amygdala can help the brain to hold on to good experiences much longer.

The question "Who am I?" can be a difficult one to answer and may require a lot of thought and exploration. However, it is an important one. By understanding our values, we can better determine whether our daily words, thoughts, and actions are inline with who we are at the core. And, as we live a values-based life, we may even find ourselves feeling happier (and changing our brain's function and chemistry in the process).

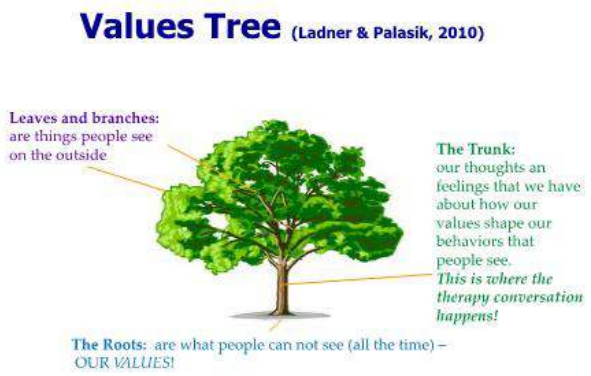
Clinical Example

We can guide our clients who stutter in exploring their values and answering the question "Who are you?" As you may have experienced, this is not an easy question and can be difficult for our clients to answer. In fact, this question may be one that they are constantly adding to – as we tend to learn new things about ourselves with every interaction and experience we have.

One way clients can experience their values is by creating a Values Tree (Ladner & Palasik, 2010) to help them visually represent their values (see Figure 4). Get creative – use poster board, have your client bring in pictures, cut words out of magazines, even use real twigs, if you wish! The more a client can touch the language they use and experience the person they wish to be, the more they might be able to live a values-based life.

The *leaves and branches* of the Values Tree are things that people see on the outside (perhaps some of the roles you listed earlier) while the *roots* are what people cannot always see (your values). The *trunk* represents your thoughts and feelings about the ways in which your values shape your behaviors. This is where the therapy conversation happens.

Figure 4. Values Tree



For example, Ryan was creating his Values Tree during therapy. I noticed that one of his leaves read, "quiet – someone who does not talk." I also noticed that one of his values was "connecting with others." This apparent discrepancy allowed for great conversation and exploration about the reasons why Ryan was not living by his value of "connecting with others" when at school and what steps he wanted to take to start the journey to living by this value more fully.

Thought Defusion

Let us again put ourselves in the shoes of person who stutters. Take out a sheet of paper and number one to six. Read the following statements and choose one of the answers in parentheses.

1. Life is (fair/unfair).
2. I am usually (right/wrong).
3. I (have to/don't have to) talk fluently to be successful.
4. The way I talk is (always/never) good.
5. (Everyone/No one) accepts my stuttering.
6. I stutter on (all/none) of my words.

What were your reactions to this exercise? What was easy? What was challenging? Most participants found choosing only one response difficult. They could think of at least one situation in which the answer that they chose did not apply. Some individuals stated that having to choose only one response made them uncomfortable; and, others experienced a physical sensation as they made a choice (like an increase in heart rate and sweating). Wilson and DuFrene (2012) terms these all or nothing words – *word prisons* – because they trap an individual into making a choice and do not allow for any optional thoughts or psychological flexibility.

However, how often do you use these all or nothing statements in your inner dialogue? Have you ever made statements like "I cannot do this" or "I must get an A in this class?" What about "I should spend time with my friends today" or "I love my partner, but I get so angry at them?" What happens if you do not follow through with these thoughts? You fail. And what happens if you keep failing? You do not move forward.

Let us revisit the statements from above and change one word in each of them, so that they read as follows: "I can do this;" "I can get an A in this class;" "I can spend time with my friends today;" "I love my partner, and I get so angry at them." What happens when you change your language to allow yourself more flexibility? You provide yourself with options.

Language is an important part of human existence. We use language to help us solve problems in our lives on a daily basis. If you think you are hungry, what do you do? You eat. If something smells in your house, what do you do? You look for it (and hopefully find it). If your car breaks, what do you do? You get it fixed. Now, if you do not want a thought, what do you do? Can you easily get rid of it every time? Why not? Well, because the more we try to suppress, avoid, or fight thoughts, the more they come back (Ciarrochi & Bailey, 2008). In other words, the more you try to experientially avoid a thought, the more that thought become fused in your mind.

Often times, when we fuse to our all or nothing thoughts we may feel as though we have no control over a situation. We give these *rules* a lot of power and we may feel helpless and stuck. Or, it is possible that we are so tightly fused to these rules that we do not realize their existence or power. And yet, these rules govern our actions. For example, I tell myself that "I cannot run a marathon" and so I do not even try. However, if I tell myself that "I can run a marathon and it will require a lot of training and dedication" – I might be more willing to consider the idea. By allowing for more flexibility in the language we use, we decrease judgment and create more realistic options for ourselves. And as we explore these options, we can create space (between these rules and ourselves) and regain power of the situation. The power of choice.

Clinical Example

Often times, our clients may not realize the power that their thoughts (and the *rules* they create) can have on their actions. The meaning created by this combination of words may prevent them from living their lives in a way that is in line with their values. There are many ways in which we can help our clients to defuse their negative thoughts thus lessening their power.

Some of the most popular exercises among our clients are ones in which they practice taking back the power and defusing from their thoughts. Some clients will write down all of their thoughts about their stuttering or a specific speaking situation and then rip the paper up into a hundred pieces. The scattered words no longer hold any meaning (and our clients relieved some stress in the process). Other clients have written their thoughts down and then recited them in silly voices, defusing the power (and producing a few giggles too). Ian, a seventh grader, loved paper airplanes and usually spent part of each session talking me through the process of making his newest paper airplane creation. He decided to write the rules that were "controlling his speech" down on the inside of paper airplanes. On a

sunny day, we went outside and threw them around the field.

As our clients practice defusing from their thoughts, their emotional responses to those thoughts often lessen as well. And, after an activity like the ones mentioned above, they may be ready to explore the options they have in a more objective and less judgmental fashion. Thus keeping themselves in the present moment.

Self as Context

Imagine that you are about to encounter the stressful *thing* that we had you think about earlier in this paper. You are feeling nervous about the thought and are contemplating running in the opposite direction. Much like the contemplation a person who stutters may have before giving a class presentation. On a sheet of paper, take the next few minutes to write a pep talk for yourself (using third-person language – *he, she, your name*, etc.). What was the experience like? And, why did we have you write in the third-person perspective?

Kross et. al, (2014) conducted seven studies to investigate whether the language people use to refer to themselves during introspection influenced how they thought; how they felt; and how they behaved under social stress. What they found was that making small shifts in how we address ourselves during introspection (using third-person self-talk instead of first-person self-talk) can influence our ability to regulate our thoughts, feelings, and behavior under social stress. The participants who used third-person self-talk were able to create distance and ease the workload on their brains. Electrodes actually picked up a reduction in energy consumed by the frontal lobe and the amygdala. And, participants who used third-person self-talk reported feeling less anxious when they encountered social stress. The participants' brains were responding as though they were talking to a friend – and we all know how much easier it is to give advice than to take it.

Our clients may say things, to themselves or others, like "I always stutter" or "I am a bad talker." The use of the word "I" (first-person language) can be self-defeating and minimize the other qualities that our clients possess. Essentially, our clients are focusing on only a small portion of who they are (seeing one's self as a content – in this case, stuttering), instead of viewing themselves as a whole like an outside observer might (seeing one's self as a context) (Palasik & Hannan, 2013). Their stuttering may seem so big that they might forget that in addition to "person who stutters," they are also a brother, a friend, a caring person, an honest person, etc.

Consider the following Indian parable, which explains the concept a bit more. There were six blind men who lived in a village. They had heard tales of elephants, but since they were blind they had never seen one. They argued about what elephants must look like constantly. So, they decided to travel to the palace and touch an elephant to get an idea of what it was like. When the six men were lead into a courtyard (where the elephant stood) by an old friend who could see, they each touched a different part of the elephant. As they were talking, they realized that their descriptions of the elephant were tremendously different – for they had each described one part of the animal and did not consider that their friends were right too. They only considered their own, individual perspectives. It was not until their friend explained to them that they were all right, that they realized they were missing the entire picture and had to put the pieces together in order to see the whole animal.

As this parable suggests, we often have the tendency to focus on a small part of the whole without stepping back. This may mean basing our sense of self-worth on just one or two of our qualities. Or, being so focused on how we think an argument with a friend played out that we do not consider other (and maybe less biased) opinions. By stepping back and seeing the whole picture, we can work towards taking ourselves out of the equation; thus, increasing our psychological flexibility as we allow ourselves the opportunity to explore options.

Clinical Example

In therapy, we can guide our clients in creating space and seeing the whole picture. One client we had was a college-aged client, who said that he did not care what people thought about his stuttering. He was a good-natured young man who said he valued honesty and kindness. One session, we asked him to talk in the third person about himself while we asked a few questions about a speaking situation he had engaged in over the weekend. We had practiced this technique a few times before, so the client was prepared. Once the client

started to talk, using third-person language, he said the following – "Tony often changes words when he knows he will stutter. It sometimes bothers Tony that people will think differently of him if they heard him stutter." When he finished talking, he realized what he was saying and was surprised that he had admitted that stuttering does bother him at times and that he was not being honest with himself or others when he avoided or changed words. By stepping outside of the speaking situation, our client was able to create space and make new discoveries about his thoughts and actions.

If our clients are feeling fearful about an upcoming speaking situation, we may have them visualize or talk through the speaking situation using third-person language – as though they are watching the situation play out on a movie screen in front of them. They might also talk about the possible outcomes of the speaking situation and the reactions of the listeners present. You may then problem-solve each outcome or listener reaction to help your client feel more prepared going into the situation. This exercise not only assists our clients in seeing the big picture, but also desensitizes them to possible negative thoughts about stuttering and/or other speaking situations.

Committed Actions

Let us revisit that stressful *thing* one last time. You have sat with the thought of it and even written a pep talk for yourself in case you were to encounter it. Now, we want you to think about this question. What is your ultimate goal for this *thing* in your life? Write that goal down. If we checked in with you tomorrow, would you have accomplished that goal? We are guessing here, but most of you probably would not have. Does this make you a failure? Were you just not trying hard enough? No! In fact, we set you up for failure by not asking you to set smaller and more manageable goals first.

Let us say my ultimate goal is to run a marathon. I find a race and sign up. I spend the next week pumping myself up for the race on Sunday. I pick out my outfit, tell all of my friends, and picture the pride I will feel upon completion. On race day, the gun goes off, and I start running. By mile two, I am out of breath; by mile four, I am in excruciating pain; and by mile five, I have dropped out of the race. I have failed – I did not achieve my goal – and I *CANNOT* run a marathon. Who cares that I have only ran a maximum of three miles at one time before this – I will never consider running a marathon again. While this example is extreme, it reinforces the importance of setting realistic goals for ourselves.

Clinical Example

Our clients may set the same types of unrealistic goals for themselves – and may come to us feeling defeated and ready to give up. Parents may tell us that their child is "being lazy" and not using the modifications he learned last week in therapy. As therapists, we can help guide our clients (and their families) in creating a plan and setting realistic goals.

Quinton, a thirteen-year old client, who stuttered severely, had the ultimate goal of ordering his own meal whenever he went out to eat. Until this point, even though he wanted to order, he allowed his parents to do so. As we talked about the thought of ordering, he stated, "I cannot do it." He mentioned that every time he went out to eat – he planned to order – and then "chickened out." When I asked Quinton about his plan, he replied, "I don't have one – other than just to order."

We spent some time creating smaller goals leading up to his ultimate goal. Some included printing out menus to his favorite restaurants, circling items he usually ordered, selecting one restaurant to focus on, writing out what he might say as he ordered, and role playing the situation during therapy. Each session, I would check in with Quinton about his plan. On one occasion, he commented that his "next step" goal suddenly seemed too big for him and he realized that he wanted to add a step. This is a perfect example of the fact that our goals and plans are constantly changing – and we can revise them whenever and as often as we would like.

As therapists, we guide our clients in achieving their goals. We support them and offer suggestions, but they do the hard work. By encouraging our clients to set their own goals, we instantly increase their "buy-in" to therapy because they are working on goals that matter to them. And they know themselves best! By creating a plan for each of their goals, we can help our clients to realize that they have the skills needed to work toward their goals; and, to ultimately become their own therapist.

Conclusion

Many clinicians have told us that they "do a lot of this already" and that our presentation "gave them a useful framework to organize their thoughts" about the affective aspects of stuttering. As they go forth in their exploration of ACT, it is important to keep in mind that ACT is not a specific technique, in which a clinician decides to "use ACT" with a certain client. Instead, ACT is a way of life, in which an individual develops psychological flexibility and learns to live by his or her values. ACT can be used individually or in concurrence with more traditional fluency shaping and stuttering modification techniques – depending on your client's goals. With some clients, you may target all of the principles of ACT; while with others, you may only target a few. Again, it all depends on your client – as they are in the driver's seat. Figure 5 and Figure 6 provide a brief summary of what clients and therapists can do to target each principle of ACT.

Figure 5. ACT Hexaflex – What a Person who Stutters Can Do

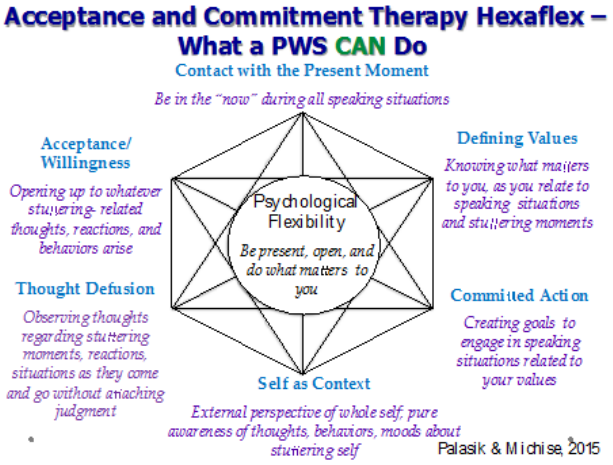
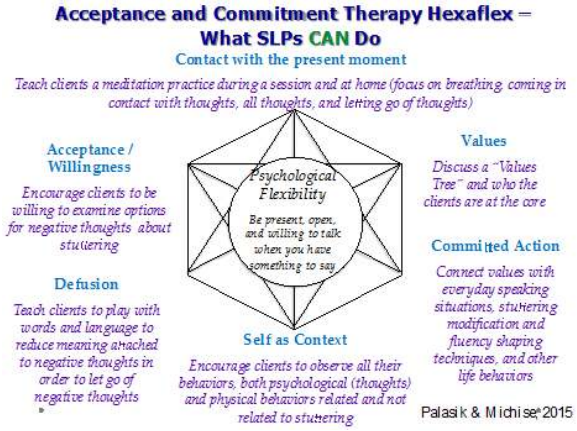


Figure 6. ACT Hexaflex – What SLPs Can Do



By simply *experiencing* ACT while reading this paper, we do not expect that you will feel completely confident to begin implementing ACT with your clients right away. If the topic of ACT peaked your interest – whether personally, professionally, or both – we encourage you to continue your journey in learning more about ACT. Read articles, try exercises, and talk with your colleagues. The clinical examples and activities we have provided in this paper and in Palasik & Hannan (2013) are just a few ideas to get you started. The opportunities are endless. As therapists, it is our responsibility to pass on as much knowledge as we can to our clients – so that they can ultimately become their own therapists. ACT can help clients to live life by their values and to show the world just how amazing they are! ♦

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