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Clinical Focus

Avoidance Reduction Therapy for Stuttering: Case Spotlights Through an ARTS Lens

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ABSTRACT

Purpose: There is an increased interest among stutterers and clinicians in therapy approaches that focus on improved quality of life rather than increased fluency of speech. This interest is fueled by shifts in thinking about when and if stuttering is a problem, how society views differences, and what can and should be changed. Questions emerge: What are the desired outcomes and associated therapeutic goals? What are the basic principles of the therapy? What does therapy look like in practice? What assessments are congruent with stutter-affirming values? How can progress be measured? This clinical focus article includes the perspectives of six practicing clinicians shining light on a therapy case within the framework of Avoidance Reduction Therapy for Stuttering (ARTS). They demonstrate the alignment of therapy principles, outcomes, activities, and the measurement of change.
Method: The cases highlight an aspect of the stuttering therapy journey across the lifespan, applying the ARTS framework with attention to (a) relevant background, (b) theoretical underpinnings, (c) the therapy process, and (d) key insights. The creativity, problem-solving, and counseling skills inherent in working within an ARTS framework are highlighted. The cases presented in this clinical focus article are fictionalized/composite examples created for illustrative purposes. They do not describe actual individuals, and therefore, informed consent was not required.
Results: Cases reveal that, within a stutter-affirming therapy framework, (a) outcomes are less often measured by the frequency of stuttered moments (fluency) and more often by the stutterer's reported comfort and confidence in daily communication (impact); (b) goals shift from reducing stuttering-related behaviors and attitudes to reflecting the individual's priorities for speaking ease, self-representation, and socioemotional well-being; and (c) key ingredients for client change include clearly articulated rationales for therapy targets/goals, client-developed assignments, individualized counseling, and support from the stuttering community.
Conclusions: Collectively, these cases underscore the importance of aligning therapeutic outcomes with the values and priorities of the stutterer. In doing so, they reframe therapeutic success beyond fluency to emphasize identity, participation, and well-being as meaningful indicators of progress. Further development of assessment measures and research grounded in stutter-affirming practice is needed to support and strengthen this framework for practice.
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Correspondence to Vivian Sisskin: vsisskin@umd.edu. All authors contributed equally to this article. ***Disclosure:*** *The authors received fees or salaries for therapy services provided to clients whose therapy experiences may be partially described here with no identifying information. Vivian Sisskin owns the registered trademark, Avoidance Reduction Therapy for Stuttering (ARTS), issued by the U.S. Patent and Trademark Office.*

Avoidance Reduction Therapy for Stuttering (ARTS) is aimed at improving quality of life for stutterers and those who support them (Sisskin, 2018; Sisskin & Goldstein, 2022). It may not fit an established category of stuttering therapy approaches until wider consensus is achieved on the definition

of stutter-affirming therapy. Constantino (2023) defines stutter-affirming therapy according to three priorities: rejecting fluency, valuing stuttering, and developing self-advocacy. ARTS can be considered stutter-affirming because it too is neutral toward fluency—fluent speech is neither good nor bad (Constantino, 2023, p. 49). However, ARTS may differ regarding the value of stuttering. Although stuttering is considered an authentic variation in human communication, valuing stuttered speech is not required. ARTS clients report varying attitudes toward stuttering including a condition beyond their control, acceptance, and pride. Although any given ARTS therapy plan may include self-advocacy, not all ARTS clients will prioritize self-advocacy, although they often achieve it.

At its core, ARTS is acceptance based, because acceptance of the identity of "stutterer" is key, even if one does not value their stuttered speech. Overt features of stuttering will change through the course of therapy, and many will grow to value their stuttered speech as they reduce struggle. We believe ARTS to be stutter-affirming because affirmation implies acceptance, validation, and legitimacy. We believe that fluency and stuttering are both viewed as neutral speech behaviors—neither good nor bad. The goal of ARTS is to thrive with stuttering that has little or no struggle or impact on quality of life.

For nearly a century, the stuttering experience has been described as one of conflict—tension from competing drives (N. E. Miller, 1944). The conflict has been characterized as competing impulses to both communicate and inhibit expected stuttering (Knott et al., 1937) and competing desires to both preserve a fluent identity and communicate effectively in daily social interaction (Petrunik & Shearing, 1983). These conflicts impact both the listener and the stutterer as they vacillate during the stuttering experience—to acknowledge stuttering or pretend it is not there as well as to look at or look away during the communicative interaction (Sheehan, 1958).

ARTS is supported by theoretical roots of conflict theory, which explains how competing expectations placed on individuals within their daily roles create stress and impact behavior and sense of self (Biddle, 1986). Approach–avoidance conflict was first discussed by Lewin to describe the positive and negative aspects of competing or incompatible behaviors resulting in oscillation and tension (Allport, 1947). Role conflict occurs when competition or incompatibility lies between the expectations of social roles (Sarbin, 1943). Joseph Sheehan described a conflict between speaking and silence (approach–avoidance conflict) that can occur in anticipation of stuttering. For the stutterer, the choice between stuttering and concealing, two seemingly undesirable outcomes, is related to the resolution of role conflict—a conflict between being identified as a stutterer or a fluent person (Sheehan, 1975). Similarly, Petrunik and Shearing (1983, p. 126) describe concealment tactics used by the stutterer to "manipulate awareness of their stutter and present the fragile façade of normal speech."

In a society that stigmatizes stuttering, concealment behaviors to hide stuttering often begin during school-age years and can affect mental health and participation (Boyle et al., 2023; Gerlach-Houck et al., 2023). Butler (2013) describes identity cloaking as a set of stigma management approaches to conceal stuttering during identify conflict. This identity work occurs within a period of in-betweenness (Beech, 2011), during which the stutterer shifts roles and performs a version of themselves that speaks fluently (Butler, 2013). Sheehan presents a binary choice—enacting the role of a stutterer or fluent person. In the role of a fluent speaker, they may choose silence or continue to speak using escape or avoidance behaviors (word substitution, restarting, use of fillers, and face and body movements), which, over time, lose their reliability to achieve concealment. Collectively, they are labeled "struggle" and often remain as habituated features of the stuttering pattern (Sheehan, 1970; Sisskin, 2018). Even if concealment is unsuccessful, stutterers often do what they can to suppress stuttering and avoid feelings and emotions inherent in struggle. In some cases, these struggle behaviors are added to the repetitions and fluency breaks associated with stuttering. In other cases, they can replace them. Values, goals, and activities within an ARTS framework coordinate to resolve both approach–avoidance conflict and role conflict.

This clinical focus article was intended to bridge ARTS principles and practices by identifying key therapy concepts from case studies across the lifespan. Our intent was to fulfill the need for practical examples of ARTS therapy.

We did not present all therapy components here because a more complete description of the therapy approach can be found elsewhere (Sisskin, 2018; Sisskin & Goldstein, 2022). We presented a summary of the ARTS approach and its associated goals and outcomes as a reference for case vignettes. Our clients ranged in age from 4 to 73 years and presented varied and contrasting experiences of stuttering. Each client benefited from individualized therapy plans and counseling. Our cases demonstrate person-centered care, clinical problem solving, and flexibility in ARTS practice.

The Essence of ARTS

ARTS is stutter-affirming because it values stuttering as a unique expression of difference. The authors' collective experience is that increased acceptance of stuttering by the stutterer, their family, and the surrounding community reduces concealment, conflict, and struggle. The goal

of ARTS is to separate struggle from stuttering and let go of struggle. This process involves reducing conflict and establishing congruency by approaching speaking/stuttering, enacting the role/identity of a stutterer, and letting go of control that fuels tension and effort. The idea is that the stutterer does less about stuttering, not more. Rather than adding techniques to manage or reduce stuttering, the stutterer reduces previous and current efforts to fix, conceal, or control their reactivity to stuttering, including efforts to control what others might think of it. Disfluency remains, with minimal communicative or socio-emotional impacts. Although not a valued outcome, frequency of disfluency is often reduced over time along with reactivity.

Figure 1 conceptualizes the distinction between struggle and disfluency as well as the heavy burden of escape, concealment, and stigma on stuttering. As struggle is reduced, disfluency remains. Although disfluency includes variations in speech timing and movement, there is an absence of behaviors (with intent or habit) to control or avoid stuttering. The stutterer embraces a stutter-affirming identity and enjoys authentic self-representation.

ARTS Outcomes and Goals

During our initial consultations, we learned about the clients/families' impact from stuttering, their communication values, and what would be different for them if their stuttering therapy was successful or effective. Themes from these conversations translate into the ARTS outcomes: efficiency, comfort, confidence, spontaneity, and joy of communication. The outcome of efficiency allows stutterers to say what they want, using the precise words they want. Goals involve identifying and letting go of filler words, phrase repetitions, and empty content intended to avoid stuttering. The outcome of comfort allows for ease in speech production and calm within the body and mind. Confidence is a desired outcome for stutterers who seek self-assurance and agency in communication. They may report that stuttering prevents them from connecting authentically with others. Stutterers who value spontaneity as an outcome desire to speak in the moment without rehearsing or editing their content. They want to comment and share ideas freely without thinking about stuttering. Finally, joy in communication relates to the desire to communicate honestly and authentically, and experience a feeling of connection that might not have been possible when controlling their speech or attempting to modify moments of stuttering. Figure 2 divides ARTS outcomes into two categories, those that involve change in the form of stuttering (the stuttering pattern) by letting go of avoidance and tension and those that involve attitudes about oneself as a communicator, freedom to participate, and authentic interpersonal engagement.

Efficiency and Comfort

Goals and rationales for the outcomes of efficiency and comfort in communication are listed below.

1. Becoming an expert on your stuttering pattern: Understanding how behaviors are learned allows stutterers to identify what can be changed and increases agency to act. The problem is not if you stutter but how you stutter.
2. Approaching disfluency: Reducing physical, linguistic, and attitudinal escape/avoidance behaviors allows the stutterer to confront fear of stuttering and eventually reduce reactivity to it. Reducing habitual behaviors in the stuttering pattern allows stutterers to shed remnants of previously held fears/attitudes.

Figure 1. Avoidance Reduction Therapy for Stuttering is designed to eliminate struggle from stuttering. Struggle encompasses physical and socio-emotional struggle as well as adverse impact on quality of life. When struggle is reduced, comfortable disfluency and authentic stuttering identity remain.

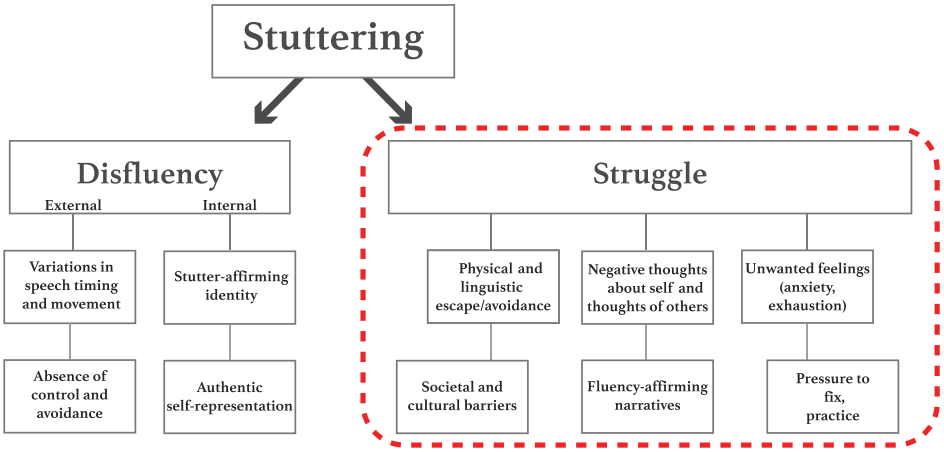
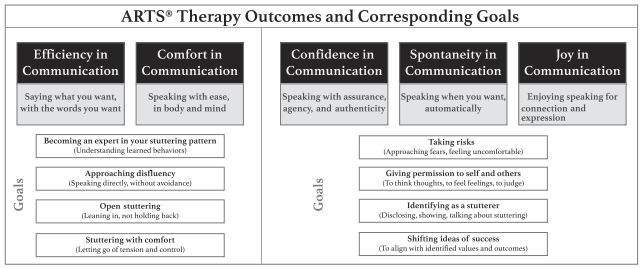


Figure 2. The Avoidance Reduction Therapy for Stuttering (ARTS) goals are divided into two groups according to their outcomes: efficiency/comfort in communication and confidence/spontaneity/joy in communication.



3. Open stuttering: When performed safely in low-feared situations, the stutterer plans to experience reactivity and begins the process of reducing it. As reactivity decreases, the stutterer begins to experience relief from both concealment and efforts to control.
4. Stuttering with comfort: A history of trying to minimize or smooth stuttering sets up expectations for managing disfluent moments. These efforts often do not work as intended during moments of stuttering when the stutterer experiences a feeling of loss of control. Doing less about the form of disfluency or the speed of moving through it allows space to stutter freely without tension and effort.

Confidence, Spontaneity, and Joy

Goals and rationales for the outcomes of confidence, spontaneity, and joy in communication are listed below.

1. Taking risks: Change requires risk. Stretching one's comfort zone (safely and gradually) includes exposure to, tolerance of, and eventually habituating to the fear. When stutterers are prepared to risk, they can activate new learning and respond differently to long-held thoughts and feelings. This process reduces avoidance that contributes to struggle.
2. Giving permission to self and others: Giving others permission to think what they do and oneself permission to think thoughts and feel feelings prepares the stutterer to risk. This reduces one's desire to escape or avoid negative thoughts and feelings.
3. Identifying as a stutterer: Role congruency improves mental health and allows stutterers to be themselves in daily life. Authenticity reduces unwanted drives/habits that suppress or hide stuttering.
4. Shifting ideas of success: Valuing communicative content over fluent speech allows stutterers to realistically achieve their desired goals (conveying ideas directly and reducing communication anxiety). Defining success as stuttering openly and honestly can build self-esteem and acceptance. It allows the stutterer to make space for stuttering in conversation.

Case Studies

Meet Our Case Examples

Our cases are not sequenced according to chronological age but with attention to building upon problem solving. Our first two cases focus on the stuttering pattern, taking risks, and facing fears. Our next three cases delve into identity, sense of agency, and trauma responses. Our final case explores counseling to support parents and caregivers.

Sunny (School Age): "Make It Zesty" and Other Supportive Messages

We begin with Sunny, a child who demonstrates an overt stuttering pattern with silent blocks and avoidance behaviors. We highlight the progression from physical struggle to comfortable disfluency via open stuttering. Readers will appreciate the importance of counseling during this phase of therapy, specifically the creation of supportive messages using the language of the stutterer.

Julian (Adolescent): Navigating Risk Taking and Others' Reactions

Julian is a teen who has no difficulty expressing his feelings about stuttering; he hates it. We focus on the journey of risk taking and self-advocacy through small fear-seeking steps and evolving insight.

Marko (Young Adult): Discovering "Big Feelings" While Exploring Identity

Marko reluctantly exposes the secret life of a covert stutterer, wishing to feel authentic and longing to connect meaningfully in relationships. His story highlights the importance of key clinical skills, including listening/reflecting and comfort in sharing space with the stutterer as they slowly develop trust.

Tera (Mature Adult): There's No Retirement From Stuttering

The benefits of ARTS are evident in all stages of life. Tera's journey teaches us that both motivation for change and functional goals can shift throughout life. By exploring a common theme, letting go of control, Tera was able to move from ambivalence to action.

Audrey (Adult): Relinquishing Stuttering as a Life Sentence

We present Audrey as an example of the incorporation of specialized counseling approaches into the therapy

plan. She presented with visceral and emotional reactivity to stuttering and resonated with the idea of connecting mind and body. We worked within the framework of trauma-informed practices.

James (Preschool): Batman Never Stutters

Conveying early messages about stuttering occurs within the family context. We present James and his family to demonstrate how creating a stutter-affirming home environment can support communicative comfort and confidence, regardless of whether stuttering resolves or continues for young children.

Spotlighting the Therapy Journeys

Sunny—"Make It Zesty" and Other Messages for Facing the Fear of Stuttering

Relevant background. Sunny is a thoughtful and witty 10-year-old boy who initially presented with silent blocks, physical tension, and multiple avoidance behaviors associated with stuttering including slowing his speech rate, pausing, using interjections, loss of eye contact, and circumlocution (talking around an intended word). Sunny was predominately concerned with and expressed a dislike for his tense blocking, which consisted of inaudible disfluency with minimal forward movement. He expressed that he struggled to keep up with conversations with peers.

Although introspective in nature, Sunny hesitated to talk about his feelings related to stuttering. He benefited from indirect questions during our exploration of his stuttering experience. For instance, instead of asking, "How did that feel?" Sunny was more open to questions such as "What was that like?" and "What were you thinking there?" We often laughed at my many failed attempts to ask the same question in different ways. These moments of shared laughter highlight Sunny's need to gradually explore his experience of stuttering. His hesitancy to talk about feelings guided our pace and was an early foreshadowing of his unique journey toward open stuttering.

Theoretical underpinnings. Within the ARTS framework, open stuttering is defined as stuttering directly on the intended sound or word without effort to control the form of disfluency or the use of behaviors that were originally learned to escape, avoid, or conceal stuttering (Sisskin, 2018). By reducing these behaviors, space is created for more efficient and comfortable disfluency. Progression toward open stuttering occurs naturally, following a reduction in avoidance behaviors. Within ARTS, self-monitoring activities are frequently used to increase awareness of avoidance behaviors one at a time. Once open stuttering emerges, reactivity varies. Some stutterers appreciate the efficiency and relief it brings, whereas others respond negatively to hearing and feeling what was previously concealed (e.g., "My stutter is too loud," "I feel shame when stuttering"). For Sunny, because showing stuttering was fearful, work in acceptance and identity was addressed in tandem with speech pattern change.

ARTS approach messages are specific or focused cues that can facilitate progression toward open stuttering and facing fear. Approach messages can facilitate feeling ("feel the shame"), tolerating a thought ("let them think I'm weird"), or allowing a sensation ("let it feel out of control"). Using messages to reframe success is a common practice borrowed from cognitive behavioral therapy (Beck et al., 2011), one of many behavioral therapies that support the process of change in ARTS. By reframing or redefining success from avoiding unpleasant thoughts or feelings to accepting and/or tolerating them, clients can begin to approach the thoughts and feelings they once avoided (Dobson & Dozois, 2021). Approach messages were key to reducing Sunny's fear.

Therapy process. Sunny expressed a desire to reduce blocking, which he described as "getting stuck." Within the ARTS framework, blocks can represent a conflict between wanting to move through a disfluent word and wanting to hold back from stuttering. Paradoxically, Sunny's reduction in avoidance behaviors through monitoring brought him closer to the moment of disfluency, initially increasing the frequency of blocking. Although often counterintuitive, blocking can be a stepping stone to open stuttering for those who successfully suppressed stuttering through escape or avoidance. As Sunny reduced reactivity to both blocking and open stuttering, phonation emerged.

Initially, open stuttering consisted of uncomfortable, tense repetitions that were praised and encouraged: "Yes! Let the sound out." Sunny allowed himself to do what he feared. We needed to create approach messages for open stuttering that were meaningful to Sunny by including his own words. When he described experiencing a "not fun" feeling while stuttering, the approach message became, "Let the 'not fun' feeling happen." Sunny progressed through messages of "busting through the wall," "allowing the 'ooga' feeling," and "jumping through the car window." Paradoxically, his analogies for fear became the approach messages that facilitated reduction of both his reactivity and fear.

Sunny continued to reduce his fear of stuttering. He began by constructing hierarchies to identify challenging and/or feared communication contexts. Subsequent steps involved detailed exploration of these fears and anticipated consequences of stuttering ("I would feel weird, annoyed, or stuck"; "I would get interrupted"). He then planned assignments to deliberately approach and engage with specific fears, gradually and safely. For instance, Sunny began this progression by planning to tolerate

feeling "weird" when stuttering at home, which was a low-feared communication environment for him. He later moved on to more challenging speaking contexts with different paradoxical approach messages, such as allowing himself to feel the fear that someone may interrupt him while open stuttering at restaurants. This process facilitated reframing of success from successful avoidance to facing fear. Fear reduction, combined with approach messages, facilitated stuttering pattern changes for Sunny. As fear diminished, Sunny was able to open stutter with less physical and emotional reactivity.

At one point, Sunny found his most salient approach message, "Let it be zesty," which helped him consider open stuttering as something strong, lively, and full of energy. Eventually, efforts to control the form of his stuttering diminished. Sunny's open stuttering then became more forward moving and comfortable.

Key insights. This case highlights the importance of the language used in counseling and the pace set for lasting change. Although open stuttering may seem to be a straightforward therapy target, clinicians can mistakenly move too quickly without fully understanding the stutterer's experience. I learned that simply encouraging open stuttering was not sufficient. The value of using clients' descriptions of their experience of stuttering to create meaningful approach messages cannot be overstated. When they are close to taking the leap, allow them to express their sensation, their thought, and their doubt: "Right there, when you were stuttering, what did you notice? What did you feel? Feel that again."

Julian—The Challenges of Stuttering Openly in Middle School

Relevant background. Julian is a 13-year-old seventh-grade boy who has recently changed schools. He reported to his parents that talking has become harder since changing schools and that sometimes "words won't come out and it's frustrating." Julian also shared with his family that his peers at school tease him and that he resorts to teasing them back in hopes of stopping them from making jokes about his stuttering.

Julian reported that he "loves to talk" and would talk a lot more if he did not stutter. When asked what would be different for him if therapy were successful, he shared that people would not make fun of him and that he would not make "weird faces" when he is trying to get words out. He typically tries to hide his stuttering by changing the words he thinks he will stutter on, "pushing through" words to get them out, and taking a big breath to try to say everything quickly at once.

When I initially met Julian, I noted several additional behaviors that likely represented attempts to avoid or escape moments of stuttering. He frequently showed several iterations of interjections (e.g., um-um-um, uh-uh-uh-uh) before disfluencies, frequent phrase repetitions (e.g., "I went to the … I went to the gym"), and loss of eye contact simultaneously. At times, Julian presented with physical tension on his face and head jerking to release the moment of stuttering. "To be honest," Julian shared, "I hate this, and I wish it would go away."

Theoretical underpinnings. After meeting with Julian during the initial consultation, three themes emerged: his dislike for facial grimaces in his speech pattern, feelings of isolation related to being the only person he knew who stuttered, and frustration with being teased by his peers at school. Julian reported that he did not know much about why he stuttered or about the way that he stuttered—but he did know that he "hated it."

We began by exploring what he hated about his stuttering. This allowed Julian to express his feelings regarding stuttering. It also allowed me to introduce new information about stuttering and key ARTS concepts: the difference between disfluency and struggling and how a stuttering pattern can change over time. He seemed to resonate with the idea that trying to hide stuttering leads to more struggle, whereas doing less about stuttering reduces it. From there, we began discussing Julian's stuttering pattern—ways that he attempts to escape or "push through" disfluencies. These early sessions began the process of becoming an expert on the nature of his stuttering pattern, what aspects of it led to increased struggle, and the emotional impact of stuttering on him. He became curious.

Concurrently, Julian began watching videos of other teens and adults who stutter both to introduce him to the stuttering community and to explore what the identity of "stutterer" meant to him. Julian evaluated some of his preconceived assumptions that stuttering equated to being weak, unintelligent, and "not cool." He joined a virtual support group to meet others who stutter. Initially, he signed on to the monthly meetings with his camera off, but he eventually began to participate at his own pace. These actions served to normalize stuttering for Julian. He began to question his long-held beliefs about what it meant to be a stutterer and reduce some of the shame and isolation he felt.

Therapy process. Julian quickly identified several behaviors or tricks that he used to escape, avoid, or conceal stuttering. He began monitoring these behaviors one at a time. This process involved identifying his use of the behaviors immediately before or during the moment of stuttering—initially during structured practice in the therapy room and later through planned assignments in his everyday speaking situations. We began by focusing on interjections ("um"), as this was his most frequently used

avoidance behavior with which he felt particularly frustrated. I encouraged Julian to approach this change with curiosity ("Let's try to catch when you use that interjection and see what happens."). Monitoring reduced his use of "um" considerably, and as a result, he began to approach disfluency and show some of the stuttering he used to hide. Julian learned new terminology along the way, referring to this form of stuttering as open stuttering, the form stuttering takes when not suppressed or modified.

Julian was intrigued by this new and more efficient way of stuttering, but it was uncomfortable: "I can stutter like this here with you, but if I do that at school, I'll get eaten alive." Julian and I discussed other contexts or situations in which he might be willing to open stutter. He thought about it and offered, "Maybe stuttering openly at home." To prepare for taking the risk of open stuttering at home, Julian created a list of pros and cons. He acknowledged that, while open stuttering would be an important step toward eventually speaking more comfortably, it would also feel awkward and embarrassing. We discussed that he would likely feel those feelings but that experiencing them in a lower-stakes, more manageable context would be a significant step in reducing his fear of stuttering without attempting to suppress it. Allowing himself to feel those feelings in a planned, low-feared context would also help to reduce the intensity of the feelings over time. Julian chose to take the risk with his family. Although he reported that he did feel "very awkward," he also expressed pride in facing fear and letting go of efforts to control his stuttering.

What is next? Stuttering in front of a group of friends still felt "too scary," but I suggested that perhaps there was one friend at school with whom he might feel comfortable enough to stutter. I was careful not to advise Julian to stutter openly with this friend too soon but rather just raised the idea and let him consider it. To prepare Julian for potentially taking on this risk, I had him complete a series of open-ended sentences: I don't want my friend to think … "I'm weird, I sound stupid"; I don't want to feel … "Awkward, like crap"; and I don't want my friend to … "laugh at me, feel uncomfortable." Julian and I discussed that his friends' reactions were beyond his control and that, although it was possible he might receive the reaction he did not want, it also presented an opportunity to practice giving permission for others to react in ways they do and to think their own thoughts.

After allowing one open stutter while talking to his friend at school, Julian reported that his friend looked like he was about to laugh and that it was "really embarrassing." He discussed how difficult it was to experience that embarrassment and that, although it did not feel good, he was also proud of himself for taking the risk. It took Julian weeks to feel prepared for another risk. This time, he chose another close friend and reported back that his friend had no reaction at all, but it still felt awkward. The reactions of people at school varied, but he continued to prepare before each challenge by identifying what it was that he feared happening and asking if he was ready to give permission to the listener to respond the way they would. As he began to open stutter with more people and increased consistency, the awkwardness began to decrease, and the tension in his open stuttering pattern reduced.

Julian brainstormed ways in which he could respond to peers who continued to make fun of his stuttering. We discussed responding in a way that acknowledged that he stuttered while downplaying its significance with sarcasm ("Yes, I stutter, you got me. …"). Julian resonated with this approach and employed it with one boy at school who frequently teased him. Julian shared that mocking decreased over time but that, even when it persisted, it did not hurt as much as it used to because he felt more okay with his stuttering. Julian's growing advocacy skills contributed to his confidence as a communicator.

Key insights. Julian taught me the importance of the exploration stage of ARTS. Teens, in particular, benefit from understanding the nature of stuttering. Julian referred to this as how stuttering works. He was truly interested in how his tricks developed and how they could be reduced. Knowledge sparked an interest in action and change. This understanding led to a shift in goals from stutter-free speech to increased comfort and confidence in the way he communicated. This case highlights the value of letting teens take fear-facing steps when they are ready to, preparing them to risk and experience difficult feelings, and giving them the time and space to consider new ideas.

Marko—A Case of False Role Behavior: Discovering "Big Feelings" While Exploring Identity

Relevant background. Marko is 27 years old, grew up in a Western European country, and came to the United States as a teen. He is single, lives in a big city, and works in what he refers to as "in the public eye." His story was selected because it reflects what might be considered an atypical, lopsided therapy plan in which goals and therapy activities are narrowly focused on the outcomes of confidence and spontaneity of communication. In fact, well into his therapy journey, the quality or characteristics of his overt stuttering behavior have never been addressed. However, notable progress toward comfortable communication is evident as a by-product of role congruency.

During the initial consultation, Marko shared his story cautiously but deliberately. He wanted me to hear his words, "No one can help me." He explained that he

was exposed to a wide variety of speech therapies as a child, traveling distances to try new therapies. He described himself as a "star in the speech therapist's office" because he could appear fluent. He attributed his "fluency success" to his ability to be performative, which permeated every aspect of his life. He talked about "silos," which isolated him from others. These were the many roles he played throughout his day to ensure his status as a fluent person. At work, he was "busy, confident guy," and socially, he could be a "nice, friendly guy" or "cool breezy guy" depending on the context and company. His expressed values were in contrast: "Fluency served me well, but I care about creating honest relationships."

Marko expressed his experience of stuttering with insight and depth. He described painful loneliness under his many gregarious and strategic roles. Detailed diagnostic information emerged in the early stages of therapy, on his terms. I learned a great deal and was eager to collaborate with him on a therapy plan. He showed only a few stuttered words, and it was later confirmed that he had made that choice. During our first meeting, he told me directly that he did not trust me. I viewed this candid truth as meaningful. I responded that, from my perspective, trust was earned.

Theoretical underpinnings. Marko impressed me as a person navigating role conflicts with success. He never allowed the role of stutterer to emerge and never experienced conflict. He narrowed his options through avoidance and safe choices to maintain congruency as a person who was fluent, although falsely fluent. He later told me that I might have been the only person to see his stuttering (of which he was aware) in his adult life. I was curious about his current motivation to seek help. I asked if he saw any benefits to change. He responded, "I do not know. I'm not sure."

The following observations and impressions guided my thinking when Marko and I collaborated on a therapy plan: (a) Taking on false roles successfully allowed him to conceal stuttering behavior and stuttering identity; therefore, he never developed a need to escape or avoid. The struggle in his stuttering pattern consisted of repetition and tension from a determined effort to complete a word. Reactivity to hearing his stuttering sometimes led to rigid articulatory postures and loss of breath. He occasionally blocked, which I interpreted to be holding back when reactivity reached a critical point. (b) He appeared to be risk aversive, telling me directly that he would have to think and get back to me prior to "considering" taking a risk. (c) He did not have a person or a community to provide support, understanding, or a friendly smile along the way.

The therapy plan was based on the desired outcomes of confidence and spontaneity. Marko expressed desires for comfortable relationships, a support network of safe people, and a reduction in emotional exhaustion from constant filtering and editing of communication. The initial goals included giving permission, taking risks, and identifying as a stutterer.

Therapy process. Marko's therapeutic process can be described as slow and steady. A clinician's characteristic that comes to mind is patience. Session themes would incorporate his theme of consideration including consideration of risking, consideration of giving someone permission to know he stutters, consideration of feeling feelings, and consideration of thinking thoughts that are uncomfortable. I enjoyed watching Marko's approach to change gradually shift. Agency was emerging. I was impressed by the evolution of his own clinical problem-solving skills. I learned quickly that offering options for assignments was met with "there's no way!" With growing independence (one of his therapy values) as well as initiative and willingness to risk, he consistently came to sessions with successes to report. Along with these successes came "big feelings" with built-in contradictions that were empowering.

- "I'm insecure AND I feel like myself."
- "I felt impaired, not able, dependent, fragile AND it was a sweet moment for me."
- "It feels scary and big AND light and easy."
- "I feel unprotected AND liberated."
- "I feel distant and disappointed AND independent and empowered."
- "I felt shame! And they laughed, those f*** [laughing]."
- "It felt intense AND it feels really good."
- "This is so hard AND I feel authentic … feels so amazing."

Marko's assignments led to his goals of giving himself and others permission to know (and later see) his stuttering. This involved safely taking small risks. He gradually shifted his definition of success. He occasionally showed up as a stutterer in ways that surprised me. His stuttering pattern began changing, although this was not a theme of therapy. His reactivity to hearing and feeling disfluency was reducing. There was less tension, greater naturalness, and fewer blocks and repetitions in his stuttering patterns. Marko's assignments were often formulated within the framework of giving himself permission to let others know he stutters, having worlds collide, challenging an idea, considering experimenting with unmasking, seeing the greater wins, and being in touch with feelings.

Key insights. Marko is in a spurt of action. The journey continues. He demonstrates progress toward the identified outcomes of confidence and spontaneity in

communication and by-product progress toward comfort in communication. He did this by experiencing the role of the stutterer he was previously masking and by taking risks to abandon his false role as a fluent speaker. Today, he is alive with feelings for the first time—fear, shame, and doubt—but also feelings of excitement, pride, and agency. He worries about the loss of roles and the impact on work and the self. He imagines true connections, spontaneity, and authenticity. He said aloud that he thinks it "may be possible."

Therapy sessions are sprinkled with resistance, refusal, doubt, mistrust, and questioning. They are also sprinkled with humor, sarcasm, appreciation, wonder, and enlightenment—together creating a mutually enriching journey.

Tera—There's No Retirement From Stuttering

Relevant background. Tera, aged 73 years, worked as a special education teacher in the public school system for several decades before retiring. While working, she regularly led meetings and communicated with colleagues and families, pushing through discomfort and using her skill sets to help many. After retiring, she described a significant decrease in social interactions where she was no longer "pushed" to speak or socialize unless she wanted to. After retiring, she chose to engage in conversation much less often and avoided social contact outside her immediate social circles.

Tera reported struggling with stuttering throughout her life. Over the course of years, she developed habitual patterns that accompanied disfluencies including physical (oral movements, breaks in eye contact) and linguistic (insertion of fillers, restarts) escape behaviors, along with efforts to avoid showing stuttering for fear of listener reactions or judgments. Many of her escape patterns included oral posturing and movements that were incongruent with her typical sound production. She described the change at this juncture in her life as the "absence of ought"—she did not have to leave her house, speak with her neighbors, entertain guests, speak with anyone at the gym, or call her children, unless she chose to. She referred to this pulling back of social engagement as an "overcorrection," which contributed to a convoluted stuttering pattern characterized as uncomfortable and inefficient.

Tera simultaneously expressed motivation to reduce escape and avoidance for improved efficiency and comfort of communication and increase control of speech to reduce the potential for negative listener reactions. Within the ARTS framework, increased comfort may result from letting go of control. The inherent contradiction of Tera's aims maintained the status quo—the default state. Although the latent hope of gaining control over one's stuttering might appear benign, the pursuit of control can be foundational to maintaining struggle, especially when it increases tension and reduces spontaneity. Thus, attempts to control the duration, form, and appearance of stuttering can work against the goal of comfort.

Although a thoughtful and reflective conversationalist, Tera struggled to find direction in therapy. Her journey can be characterized as moving through ambivalence toward a more focused set of goals and subsequent successes.

Theoretical underpinnings. Tera's stated goal was to gain control of her stuttering, although she did not have a clear sense of what that might look like or what kinds of changes she wanted to make. Our first course of action was to step back from the action stage and prioritize conversations about change itself using motivational interviewing (W. R. Miller & Rollnick, 2013; Rodgers, 2022), a style of counseling that rolls with resistance and aims to guide clients to talk themselves into change.

Control emerged as a theme in our early discussions of the impact of stuttering and desired outcomes. In conversations about change, I held back from arguing the change side and did not offer reasons to stop avoiding. Motivational interviewing understands the human tendency to argue on the other side. If I were to argue for all the potential benefits of stuttering more openly, she would likely list her reasons for why it could not work, why she was unable to accomplish this, and other problems associated with acceptance. These factors were sufficient to maintain the status quo. Instead, we explored moments when she reported enjoyment of a particular conversation in which she was more engaged and exerted less control over her speech—in other words, for it to "flow." We focused our discussion on what she felt in her body during this conversation, what she was doing to make it happen, the thoughts and feelings she experienced, and her response to them. Because she had already voiced a desire to peel back her escape patterns and "put [herself] out there," my goals in these conversations were simple: to listen for language that expressed desires, abilities, reasons, or needs to let go of patterns of avoidance and pursue change. When I heard reasons for change, I would ask more about them, encourage her to expound on their importance to her, discuss ways she was already acting in accordance with these values, and explore/imagine acting in accordance with them. During retirement, Tera found it more difficult to face fear without the pressure from teaching. Without specific speaking situations to approach, she felt lost in her attempts to resolve an approach–avoidance conflict.

Therapy process. One of the benefits of ARTS is the seamless cohesion between theory, goals, and therapy itself. Knowing Tera's values and hopes for therapy allowed us to focus on the following four goals: (a) understanding her stuttering pattern and how struggle develops

and is maintained, (b) taking risks, (c) developing assignments and taking action, and (d) letting go of control.

Because Tera expressed a desire for her speech to flow, we took the opportunity to discuss the general sequence of speech change: reducing escape and avoidance while simultaneously increasing tolerance for open stuttering, decreasing reactivity, and adjusting the stuttering pattern for increased comfort when stuttering, if and where desired. Our discussions helped set expectations, break down the change process, and ensure that Tera understood therapy rationales. Tera was able to focus on specific steps while retaining a larger view of where her progress could take her. It was also important for Tera to understand that her stuttering and struggling were not happening to her but were things she was doing, the implication being that we can change things we do and often cannot exert agency over things that happen to us.

From the beginning, she planned assignments and identified opportunities for change in daily life. One example included maintaining eye contact when disfluent while playing a game for 3–4 s. Another was to monitor (pay attention to) what she called "unnecessary mouth movements" prior to disfluencies while talking to her spouse.

Assignment completion was a challenge that Tera identified during her therapy journey. This appeared to stem from conflicting motivations, which often resulted in the maintenance of the status quo. She weighed the effort against the value of the assignment, "I have to wait for each word and ask myself, 'Is talking really worth it?'" Within the same conversation, she indicated a desire to avoid less and stutter openly, get her drive back, and "put [herself] out there." I reflected statements of desire, need, reason, and wish to change, which typically encouraged her to talk more about them. When Tera commented, "Depends on how much I want it" or "I would need to buy into that," I was prompted to revisit previously stated motivations and rationales for change and make room for uncertainties. Interestingly, many of these discussions led to plans for change and meaningful assignments by the end of the session.

As Tera took action, she clarified her goals and progress became more apparent. We revisited her goal of "putting [herself] out there" and developed plans to call her sons with the target of "initiating phone communications when [she] did not have to." This included engaging in small talk at the gym. Portions of each session were dedicated to recounting successes from the week to offer accountability and amass a history of risk-taking actions that supported self-efficacy.

Without forcing the conversation in the direction of change (toward acceptance and open stuttering), she began to make statements that reflected receptivity rather than resistance:

"I've got to push through to confronting situations."

"I've been taking the easy way."

"I know I need to change."

"If I do the hard things, it will get easier."

These statements indicate a movement toward actively considering two key concepts in ARTS: taking risks and doing the thing you fear.

For periods of time, Tera made strides toward her goals, took risks, and demonstrated increased engagement in communication outside the therapy room. Periodically, she returned to prior escape and avoidance patterns, expressing frustration with her stuttering and identity as a person who stutters. We acknowledged these inconsistencies as an expected part of the process. When motivation appeared to wane, we made room for ambivalence and struggle, listening for language that supported her desires/abilities/reason/need for change and built upon it.

Tera benefited from key questions as she became independent in assignment development:

1. "What is your rationale?": This question allowed her to determine whether the assignment aligned with her values.
2. "How will you know you were successful?": This question allowed her to identify her intended outcomes.

On one occasion, Tera set an assignment and indicated that success would be determined by "how much control I have," allowing us to discuss the pros and cons of control. Letting go of control was a slow process for Tera. It involved staying in a moment of disfluency for a little longer, eventually allowing it to be. It also involved allowing others to think and feel whatever they thought or felt. She referred to this as "giving a blank check to stuttering." Tera thought that she needed to do more to gain control, when she needed to do less and let go of control. She used mindfulness to bring her attention to the present moment, thereby increasing connection with others. Her stamina increased over time, and stuttering ceased to be exhausting.

Key insights. Tera's case highlights the need to prepare clients for change by first introducing them to the ARTS culture and framework. For Tera to move through her fear of losing control, she needed to do what she feared. Paradoxically, we had to step back to move forward, to reflect on the consequences of continuing to hold back, the discomfort of struggled speech, and the dissatisfaction

of codependence (e.g., having her spouse order for her) for her to act in accordance with her values. By discussing the impact of avoidance in her own language, she moved from ambivalence to action. Tera's journey teaches us that it is never too late to pursue desired change.

Audrey—Relinquishing Stuttering as a Life Sentence: A Trauma-Informed Approach

Relevant background. Audrey is 36 years old and pursues her PhD degree at an Ivy League university. She is a self-proclaimed "forever student" living in the protective cocoon of university life where she steers clear of finishing her degree, going on job interviews, and expanding her social circle. Audrey stuttered overtly since childhood but remained largely unaware of it. Without acknowledgment from adults or a term describing her stuttering, she convinced herself that she did not stutter. She constructed an identity of a fluent speaker and enacted behaviors to align.

Audrey initiated therapy after struggling to communicate critical information during a recent medical emergency. This experience appeared to have thrust her stuttering into her conscious awareness, and she felt compelled to address the impact on her life.

During our consultation, Audrey described stuttering as a life sentence, with prison walls built of avoidance, grief, and shame. Audrey spoke of her exhaustion from using excuses to avoid completion of her dissertation, going on job interviews, and having an intimate relationship. The thought "How can I hide stuttering today" dominated her thinking in the morning, and "You did not work this hard to let your dreams rot" consumed her mind at night.

Despite efforts to hide her stuttering, she knew that she was only fooling herself. When anticipating a disfluency, these efforts included switching words, gesturing as a distraction, looking away, and pretending to retrieve a lost word. When she accidentally showed disfluency, her stuttering pattern consisted of pausing before an anticipated stutter, labored sound repetitions, prolongations, and a loss of breath. During the consultation, Audrey stuttered twice. Her neck turned red, her breath became shallow, a look of terror overtook her, and she hung her head in shame.

Our discussions explored Audrey's experience with stuttering and her visceral and emotional reactivity. We agreed that incorporating trauma-informed practices, those promoting safety, trustworthiness, choice, collaboration, and empowerment (U.S. Department of Health and Human Services, 2014), into her therapy plan would be helpful. Implementation would include connecting the mind and body through mindfulness (Frewen et al., 2015) and developing emotional regulation skills (McRae & Gross, 2020). These would increase self-awareness and help soften defense mechanisms such as suppression and avoidance, offering a greater sense of safety and a broader set of choices. ARTS works to methodically reconcile the conflicts that drive these defenses. Applying a trauma-informed approach to ARTS means taking extra time to appreciate the role of avoidance and suppression as protection, moving slowly, staying curious about strong emotions and body reactivity, and respecting the defenses when they push back. Audrey was relieved by this plan because she was worried about moving too quickly and having her world collapse.

Theoretical underpinnings. Conflict drove Audrey's reactivity and struggle. She was deep in the approach–avoidance conflict. Her drive to avoid overwhelming feelings and the sensations of stuttering competed with her drive to speak and achieve her life goals. To resolve this conflict, we set the goal of permitting "feeling big feelings" and eventually open stuttering. Audrey was also experiencing role conflict, with her desire to hide stuttering opposing her desire to integrate the identity of a person who stutters. For this purpose, we set a goal of slowly reducing concealment. Audrey feared letting go of her established protections. Although she knew that she wanted to change, she resisted risk taking and the instability it could bring about. We agreed to set a goal of approaching fear in low-risk situations.

ARTS therapy is well suited to a trauma-informed approach in several significant ways: It deeply values thoughts and feelings that arise; it includes planning for risk taking, which helps prevent retraumatization; and it has a built-in support community within group therapy. These elements are essential for the healing process.

Therapy process. During our first session, we began by identifying supportive relationships and coping strategies as internal and external resources to help Audrey succeed and to reduce the risk of emotional flooding (Gottman, 1993), a state in which emotions overwhelm the ability to think clearly and cope effectively. These activities set up a strong foundation for safety and stability while exploring her identity as a person who stutters. Audrey completed the ARTS exercise, "Who is in Your Box?", which helped her identify supportive people she felt safe talking to about stuttering. She identified her best friend as a key source of support and jotted down a few more people to whom she would consider opening up. We also focused on building her support network by connecting with the ARTS community. Because Audrey was not ready to join an ARTS therapy group, I connected her to another high-achieving woman who stuttered to serve as a potential mentor. For her weekly assignment, she would "meet" people who stuttered by watching the Open Stutter YouTube channel, a safe way to hear more stories and become more comfortable

with the identity of a person who stutters. It felt manageable for Audrey, and the following week, she reported feeling less alone and perhaps a bit more at peace with the idea of being a stutterer.

During subsequent sessions, Audrey became an expert on her stuttering experience. Starting with differentiating between stuttering and struggling, Audrey identified her pattern of struggle, clarified the nature of stuttering, and understood the body's response to stress. Audrey became familiar with her window of tolerance (Siegel, 1999), the optimal zone of arousal where she could remain calm and grounded when responding to stress. This allowed her to communicate effectively about her emotional state and practice grounding strategies such as feeling her feet on the ground and orienting to the room with her senses when she needed to feel more connected to her body and proceed safely. Slowly, Audrey regained a sense of agency, solidifying the foundation of feeling safe and connected to her body and stuttering.

With a base of knowledge and safety, we moved toward exploration of feelings, which was important for her next goal of risk taking. I invited Audrey to give herself permission to feel the grief and shame that arose from the decisions she made to suppress her identity as a person who stutters. When Audrey leaned into permission to feel her grief and shame, she cried extensively. She shared her pain over lost opportunities and reflected on her choices. This step of mourning and processing intense feelings was important to her. Through this process, she found peace in her grief and comfort in recognizing that her protective behaviors were not acts of cowardice but rather the best decisions she could have made, given her circumstances.

Audrey was ready to take the risk of joining the ARTS therapy group. When she did, she immediately felt at home. Watching others stutter openly and *run stop signs*, a term in ARTS that refers to risk taking and confronting fears despite the instinct to hold back, gave her the courage to do the same. She decided to take the risk of disclosing stuttering. Audrey identified a few friends to whom she would tell that she stutters. She planned to experience overwhelming thoughts and feelings when disclosing stuttering and knew to hold onto the supportive message that "big feelings are not a threat, but an indicator of taking values-based actions." She also planned to let her friends think and respond how they wished. This was a shift in how she had previously evaluated and celebrated success. Group therapy provided support and accountability. This increased her tolerance and sense of safety.

As Audrey started taking more risks, her confidence grew, allowing her to integrate her identity more easily and tackle the challenges that would shape her future. She became motivated to complete her dissertation and began exploring job opportunities that would lead her to career fulfillment. Over time, she no longer thought of stuttering as a prison; instead, it became a joyful opportunity for her to communicate confidently and embrace her unique voice.

Key insights. Audrey's case highlights the need for a safe environment and time to process intense emotions for individuals with trauma related to stuttering. By using trauma-informed practices that connect the mind and body and by building emotional regulation skills, Audrey gained the safety and self-trust needed to start healing and rebuild her confidence. She learned to stay present in her body and manage feelings that had held her back, which let her take more risks in therapy. As a result, she approached stuttering with less reactivity and integrated her identity as a person who stutters. Audrey's confidence continues to grow—she has regained her voice, agency, and, most importantly, hope for the future.

James—"Batman Never Stutters": Supporting the Child Who Stutters Near Onset

Relevant background. When James first arrived at our practice, he was 3.5 years old and less than a year after the onset of stuttering. He lived with his father, who was a single parent. James had already developed a stuttering pattern rich in overt strategies to avoid stuttering as well as masking tactics, choices made to communicate in ways that hide or prevent disfluency. His avoidance behaviors included repeating whole words or phrases to delay saying the next word when he anticipated disfluency and reducing his verbal output—at times even refusing to speak. Masking behaviors were the greatest concern for his father. James was known among family and close friends as Batman. He pretended to be Batman, complete with a distinct husky timbre, because, when speaking in this role, he was fluent. Although James presented with a low frequency of overt stuttering, the impact on his communication and self-concept was significant. When prompted by his father to explain his choice of characters to the clinician, he responded shyly, "Batman never stutters."

During the first meeting, James' priorities became clear. When asked what he wanted to achieve from speech therapy, he left nothing open to interpretation: "I want you to fix my talking." As a rule, I accept this goal (and any others) without judgment. When I thoughtfully probed, "What would be different if we fixed your talking?" James did not provide any follow-up information. There was nothing else to say: His speech was broken, and I needed to fix it. If James was Batman, the villain was stuttering. Although James' father brought more nuance to the goal-setting conversation, his priorities were also fluency oriented. He wanted James to stop stuttering. As I did with James, I accepted this goal without judgment. Then, as before, I asked, "What would be different if James stopped stuttering?"

Theoretical underpinnings. Not surprisingly, goal setting is an important first step in the framework of ARTS and helps to begin the process of becoming an expert. In this case, our goal was to fortify the expertise of both James and the family. We began by understanding struggle and exploring learned reactions to stuttering. This helped James' father develop rationales for what to praise and what to affirm. His father welcomed the concept that the occurrence of stuttering may not be a choice for James, but hiding, avoiding, and suppressing it could be. In the style of the miracle question (Strong & Pyle, 2009), a prompt was offered by the clinician: "What would be different if James stopped stuttering?" His father's response reflected the communication-centered goals and outcomes that lay just beneath his desire for fluency. If James did not stutter, "he would say all the words that he wanted to say; he would stand up for himself confidently; he would communicate comfortably." With a shift in perspective, we arrived at his father's deeper priorities, and he began to understand a key value within the ARTS approach: You can accomplish these goals and stutter.

Therapy process. With shared outcomes in place, therapeutic priorities began to emerge for both James and his family. A shift in values was identified as the most critical need. With these shifts, the family defined success in metrics that highlighted effective and joyful communication and disconnected success from judgments of fluency. I observed that James' father was well practiced in praising efforts over products and highlighting the qualities of an experience rather than results. This practice, well established in the family culture, was easily translated into communication behaviors. James' father was coached to praise effort ("I love the way you told them it was your turn!") and experience ("You're so funny when you talk about your friends!") and leave behind the evaluations of the surface product, fluency or disfluency. With this mindful exposure to positive messaging, disconnected from judgments of fluency, James learned many things about himself. He was funny, effective, steadfast, and smart. He learned that he could be these things and stutter.

With a developing identity as a successful communicator, James began to broaden his many identities. At his developmental level, this included activities in which he could articulate pieces of his identity that were important to him. These included characteristics ("I'm funny!") and roles ("I'm a good big brother") that he was proud of. With diminished value placed on fluency, he articulated another role: "I stutter." Through creative opportunities to dictate, draw, or select images to represent his traits and create his summative self, James visualized and took ownership of an identity that included stuttering as one of his many roles.

The family was encouraged to talk about talking and eventually stuttering. Stuttering was no longer ignored or taboo within the home but was instead recognized and acknowledged neutrally. James was encouraged to discuss his day with reference to talking. This included moments that made him feel proud ("I told a new friend my name today") and moments that were frustrating ("My cousin keeps making fun of me"). These experiences were accepted by the parent, were explored with James when the time was right, and increased James' comfort in openly discussing his feelings. James began to advocate for himself. Through direct instruction and thoughtful modeling from his father, he learned how to answer questions about his talking ("That's just my stuttering") and strategies, such as holding up a hand and continuing to talk when others tried to speak for him.

With continued acceptance and reinforcement as a good communicator, James became more willing to approach disfluency. Stuttering was no longer villainous and was safe to experience. Direct intervention during this time included activities to prompt purposeful initiation of voicing at the word level ("Let's try getting some sound started when we say zebra") paired with immediate positive reinforcement for incidental moments of disfluency. James' moments of open, unencumbered stuttering were met by joyful celebrations. This cycle of praise for events that used to be powerfully fearful further dissolved James' instincts to avoid disfluency. As a result of this willingness to approach, James experienced greater comfort in his speech pattern as well as greater spontaneity. His willingness to stutter became the willingness to use his own voice and interact with unfamiliar listeners. James achieved the final family objectives, achieving comfortable communication and saying all he wanted to say.

Key insights. At the conclusion of the therapy, James developed a neutral opinion of stuttering. It was part of him that he knew and accepted without fanfare, much like the color of his eyes or the freckles on his face. No longer distracted by the notion of eliminating stuttering, James absorbed his father's goals as his own. He celebrated his own moments of advocacy, his demonstrations of spontaneity, and even his own moments of stuttering. With redefined values, an established identity, and a willingness to approach stuttering, James experienced positive outcomes that reflected changes in his stuttering pattern as well as confidence in speaking in his own voice.

I reflected on the significant mindset shift demonstrated by James and his father. Their turn from being fluency oriented to stutter-affirming confirms an uncomfortable truth for people who stutter and their families; they believed that stuttering was the villain only because no one had ever told them otherwise.

Summary

In this clinical focus article, six clinicians applied theory to practice within the framework of ARTS. We described a discrete phase of the therapy journey to spotlight how clients and clinicians collaborate to attain desired outcomes of speech pattern change, confidence, and spontaneity of communication. The integration of case concepts and clinical insights revealed the following common themes.

- Acceptance is an ongoing process rather than a single moment in time. Acceptance begins with acknowledging stuttering as a valid variation of communication and develops as it is integrated into one's identity and sense of self.
- Change often requires time and space for consideration, weighing risks and benefits, and making choices to act only when it feels safe.
- Gains in therapy generalize when the stutterer has both the knowledge and confidence to solve problems independently. For children, concepts are taught at appropriate developmental levels.
- Client/parent values evolve over time, as do notions of success. Clinicians recognize that permitting this evolution to transform organically leads to meaningful, long-term outcomes.
- Motivation and initiative ebb and flow along the therapy journey. There are no terminal destinations, but there are many entrance and exit ramps along the road.

Currently available assessments for stuttering do not align with the values and outcomes emphasized in ARTS. For example, some measures focus on severity of overt stuttering patterns such as stuttering frequency (Riley, 2009). Likewise, some broader self-assessment measures still contain content that reinforces fluency norms or presupposes negative emotions. Typical examples include asking respondents to rate how often they speak without stuttering or how often they experience emotions such as shame or embarrassment related to their stuttering (Yaruss & Quesal, 2010). Consequently, we rely extensively on interviewing to understand the individual's lived experience of stuttering and provide ample opportunity for them to articulate their desired therapy outcomes. Therapy plans are developed collaboratively around the client's values and are continuously refined through shared decision making throughout the course of therapy. We lean toward methods in line with ethnographic interviewing, incorporating strategies from solution-focused therapy (Ratner et al., 2012) and motivational interviewing (Rollnick et al., 2010). Supplemental Material S1 includes a brief description and resources for behavioral therapies and counseling strategies referenced throughout the case studies. We supplement our interviews with careful observation and data collection. Although stuttering frequency does not inform our therapy plan, our data collection includes information that contributes to struggle such as quality of disfluency, observations or reports of escape and avoidance behavior, and reported negative impact on quality of life. During our consultative conversations, we were careful to ask open-ended, unbiased questions that did not suggest behaviors, feelings, or attitudes. Similarly, we were mindful of using the terminology in our follow-up questions that were first used by the client/family.

We are aware that what we measure during assessment and how we measure progress must be meaningful to the stutterer and must align with the values of the therapy approach. Therefore, therapeutic changes in our cases were inferred from cognitive, behavioral, or emotional changes reflecting ARTS outcomes. Although we utilize an unpublished ARTS Self-Assessment Scale to obtain a rough indication of a client's movement toward desired outcomes, we rely primarily on clients' spontaneous reports of change. Below are examples of client paraphrases organized by outcome area.

Efficiency

- "I get to the point now, without all those fillers and pauses."
- "I say the words I want; I'm not constantly editing to find another word."
- "It's amazing how much time I save by asking the store clerk a question!"

Comfort

- "I don't block anymore; I guess I'm open stuttering!"
- "That tight feeling in my chest is gone; I'm not exhausted when I get home."
- "I just let it go and it feels easier, like 'flow.'"

Confidence

- "I can show my true self, my funny side."
- "My stuttering feels natural, like a regular part of me."
- "I feel confident, independent, more than 'ok' about it."

Spontaneity

- "I jump in without hesitating, I don't really think about it."
- "I say 'yes' to random speaking opportunities at work!"
- "I talk without overthinking or rehearsing, even small talk."

Joy

- "My relationships feel honest and open; I'm not hiding."
- "I realize I like talking; I guess I'm more social than I thought."
- "I have the mental space to really listen to other people."

We hope that our clinical transparency provides guidance for clinicians seeking concrete examples of stutter-affirming therapy and sparks meaningful research questions that ultimately benefit stutterers, their families, and the communities where they live, work, and play.

Limitations and Future Directions

This clinical focus article presents a collection of clinical case examples to support problem solving and decision making within an ARTS framework. Several limitations should be noted. At present, there are no randomized controlled trials or published efficacy studies examining ARTS. Although the outcomes reported in these cases reflect meaningful client reports and clinical observations, they represent practice-based data and do not replace systematic evaluation. In addition, no standardized measure currently exists that captures the specific outcomes targeted by ARTS, making it difficult to assess progress in a way that accurately reflects the program's aims. Future research should examine the effectiveness of ARTS through more rigorous study designs and develop assessment and outcome measures that better support stutter-affirming practice.

Ethics Statement

Cases are fictional and do not represent actual clients or data from client records. Client quotes and reported experiences are based on a variety of cases whose records are stored in Health Insurance Portability and Accountability Act–compliant locked file cabinets or electronic medical records maintained by the authors.

Data Availability Statement

Some contents from clinical records of cases similar to those reported here are available from the authors and subject to client consent.

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