

Avoidance Reduction Therapy for Stuttering (ARTS®): An Introduction to Treatment Principles

Vivian Sisskin, M.S., CCC-SLP, BCS-F
Clinical Professor
Department of Hearing and Speech Sciences
University of Maryland
College Park, MD 20742 USA

ABSTRACT

Avoidance Reduction Therapy for Stuttering (ARTS®) has its early roots in the work of Joseph Sheehan, an American psychologist, who believed that much of the struggle associated with stuttering came from learned efforts to conceal it; that is, avoidance at many levels. He believed that both word and situational avoidance shaped the behavior of the person who stutters (PWS), and that efforts to hide one's identity as a PWS led to false role behaviors. Sheehan's Avoidance Reduction Therapy was aimed at reducing avoidance, and the fear and shame that maintained it. Current day ARTS still embraces the value of approaching rather than avoiding speaking situations, establishing role congruency as a PWS, and developing comfortable forward-moving disfluency. However, it goes a step further in the area of *letting go of control*. Therapeutic activities in ARTS are carried out in a group therapy setting and aim at reducing unproductive efforts to control both the way one stutters and what others think. The goal is to become an effective communicator: to communicate efficiently, comfortably, confidently, spontaneously, and joyfully... *and* stutter.

INTRODUCTION: WHY ARTS NOW?

Avoidance Reduction Therapy for stuttering is not a new treatment approach. It was first published in 1953 (Sheehan, 1953), and was refined over the three decades that followed. While I have been practicing ARTS for nearly four decades, I am recently noticing a renewed interest in learning about the approach, not only from researchers and practitioners, but particularly from those who stutter. The majority of my clients have participated in a variety of therapy programs at various times in their lives. Most say that all of the approaches helped in some way, but few say that the changes endured and that they spontaneously employ what they learned in therapy. I believe this is because they have to *do* something (i.e. practice techniques or remember to use them) even after completing therapy in order to maintain long term success. Children are told, "use your tools", and adults feel guilty when they do not. Clients and families are attracted to ARTS because of its simplicity; eliminating maladaptive strategies that were taught or learned, in order to appear fluent, sound more comfortable, or "control" stuttering.

Those who stutter eventually realize that these strategies have become the very things that now make up their *struggle*.

There may be more fundamental reasons for this renewed interest in ARTS which come from changing attitudes regarding disability and new models in psychotherapy. The neurodiversity movement is transforming the way we talk about disabilities; away from deficits, disorders and impairments, and instead toward differences to be recognized and celebrated. The concept of neurodiversity was first introduced in 1998 by Judy Singer, an Australian sociologist with autism, who described it as a social movement in which neurodivergency is valued and neurodivergent people should demand recognition, acceptance and rights. Constantino (in press), wrote a comprehensive overview of the neurodiversity movement and its application to stuttering. He explains that advocates of neurodiversity argue that there is value in their stuttering, but that accommodation and therapy may still be necessary because of negative experiences, such as effortful speech or discrimination. ARTS guides group therapy participants to reduce learned struggle, but to accept disfluency. Disfluency – without reactivity – can be seen as a natural reflection of one’s neurodiversity.

Clinicians who treat stuttering are more frequently looking at trends in psychotherapy to inform counseling for both client motivation and change. Alliance, empathy and other common factors have been shown to have an important role in positive outcomes for both psychotherapy (Duncan, Miller, Wampold, & Hubble, 2010) and stuttering therapy (Plexico, Manning, DiLollo, 2010; Zebrowski & Arenas, 2011). In addition, motivational interviewing (Miller & Rollnick, 2012), during which clinicians work collaboratively with clients to discover what might be gained by change, has been adapted successfully to develop functional outcomes for those who stutter (Manning & DiLollo, 2018). ARTS is consistent with these contemporary ideas by focusing on shared goals and treatment activities that are client-developed and meaningful.

THE CULTURE OF ARTS

When clients enter an ARTS Group for the first time, they experience what might be considered a “culture shock”. At first, they are excited by the prospect of change, but soon conflict sets in as they realize that their ideas of success do not match those around them. The new client’s report of getting through an oral presentation almost fluently may be met with blank stares, and his or her report of *inability* to use a reliable word substitution may elicit cheers.

ARTS does not lend itself to short-term or intensive service delivery models. Acclimation to a new culture takes time, as does changing long-held attitudes and habit-based behaviors. Table 1 lists the values and rationales that new group members acquire over time with the help of group support.

Table 1: ARTS values and their rationales

| |
|---|
| Fluent speech is not valued, but comfortable disfluency is. |
| <i>Rationale: One cannot choose to be fluent, but one can choose to eliminate struggle behavior.</i> |
| Frequency of disfluency has little meaning, but quality of disfluency does. |
| <i>Rationale: Frequent, comfortable disfluency is neither effortful nor distracting, but only one struggled, inefficient disfluency can interfere with “connection” in communication.</i> |
| Control (of any sort) is not a valued activity, but letting go of control is. |
| <i>Rationale: Control implies suppression and restraint, which leads to tension/effort. Acclimating to “loss of control” will eventually lead to comfort.</i> |
| Concealment of stuttering is not considered a success, but self-disclosure as a PWS is. |
| <i>Rationale: Openness with one’s identity as a PWS gives one permission to stutter, and results in role congruency and improved self-esteem.</i> |
| “Practice” is not highly valued but “change” is. |
| <i>Rationale: Speech change occurs in conjunction with attitude change. For example, willingness to experience shame reduces tension from “holding back”.</i> |

THE ROOTS OF ARTS

The roots of ARTS are firmly planted in the pioneering work of Joseph Sheehan, a professor of psychology at the University of California, Los Angeles, with whom I worked closely from 1974 until his death in 1983. Sheehan, insightful about his own stuttering, and creative in offering analogies to the experience of stuttering, applied concepts from Conflict Theory (Miller, 1944) and Role Theory (Sarbin, 1943) to formulate an explanation for the behaviors and paradoxes observed among those who stutter (Sheehan, 1953, 1970, 1975). An approach-avoidance conflict occurs when competing desires to both speak and to remain silent reach an equilibrium. The strength of the drive (approach or avoidance) may determine variability of stuttering in situational contexts. Role conflict occurs when a PWS feigns the role of a fluent person by trying to hide stuttering, but enacts the role of PWS when stuttering is revealed. Role conflict leads to negative feelings about “self.” Treatment activities aim to reduce conflict. They include (1) increasing the approach drive and reducing avoidance at all levels; (2) taking on the role of PWS by planning to show stuttering and self-disclosing as a PWS (Sisskin, 2018).

THE OVERVIEW OF TREATMENT

It is important for clients and families to visualize the ‘big picture’ of treatment, especially because the process of therapy involves doing *less* in response to disfluency instead of doing *more*. I provide a graphic that depicts the problem of stuttering, highlighting that the problem is not disfluency,

but *struggle*. Table 2 highlights struggle and those features of the stuttering profile targeted for reduction or elimination. In contrast, disfluency is removed from the “problem” of stuttering. Disfluency, perhaps neurologically based, (Smith & Weber, 2016) will likely be present to some degree after treatment. If clients welcome this disfluency as part of their identity as a PWS, struggle will continue to reduce.

Table 2: Treatment in ARTS involves eliminating struggle and keeping disfluency

| STRUGGLE | DISFLUENCY |
|---|------------------------|
| Unhelpful coping strategies (word substitution; fillers; restarts) Avoidance behaviors (not talking; situational avoidance) False-role behaviors (pretend to be aloof, confident, or disengaged) Negative thoughts about what others think (“he is incompetent, stupid”) Negative attitudes about oneself (poor social interaction, “can’t do my job”) Negative feelings associated with stuttering (fear, shame, frustration) Efforts to control (tension, lack of expression, failed efforts toward strategies) | Comfortable repetition |

THE PROCESS OF CHANGE

Therapeutic activities are structured to address both change in the speech pattern as well as in attitudes and identity. Goals of therapy include, but are not limited to, the following:

- Becoming an expert on the stuttering pattern
- Reducing escape and avoidance behaviors
- Desensitizing to open stuttering
- Approaching/entering feared situations
- Letting go of efforts to control
- Changing ideas of success and failure
- Enacting the role of “person who stutters”

A variety of behavioral therapies are incorporated into ARTS assignments and activities.

Identification and monitoring of escape behaviors, staples of stuttering modification approaches (Van Riper, 1973), are helpful in reducing secondary struggle behaviors. Since many of these behaviors were originally learned to escape from moments of disfluency, reducing them will trigger what is typically called “open stuttering”; stuttering directly on the intended sound (Sisskin, 2018). Classic desensitization (exposure) (Wolpe, 1958) to open stuttering will reduce reactivity if clients, for example, *plan* to experience shame in small doses without giving in to escape. These activities must be prefaced and accompanied by skilled counseling in cognitive restructuring. Clinicians who draw from cognitive

behavioral therapy and mindfulness therapies can be highly successful in guiding clients as they face fear and redefine success.

THE MECHANISMS FOR CHANGE

Change occurs in the context of carrying out planning assignments outside of the group therapy setting. Clinicians model assignments, provide guided practice, and support behavioral assignments with cognitive messages. Assignments are developed by clients and executed in functional settings according to an individualized fear hierarchy. Specific assignments are planned for low-, mid-, and high-feared situations to be carried out during the week. Clients are encouraged to complete three planned assignments per day, in addition to any special challenges they set for themselves. For example, a client might plan to “open stutter” in a low-feared situation (home), plan to “feel shame” in a mid-feared situation (with a friend), and simply “show-up” in a high-feared situation (social gathering). This client might also create a challenge to introduce himself to one new person at a weekly club meeting.

Group support and accountability are important for consistent assignment completion. Healthy competition, along with positive peer reinforcement occur naturally in the group setting. The entire group shares encouragement when one member reports successful completion of an assignment requiring courage in the face of fear, a step out of one’s comfort zone, or persistence in changing habits.

CONCLUSION: THE OUTCOMES OF ARTS

When clients are asked about their personal outcomes from ARTS, they inevitably talk about increased confidence, relief from effort in communication, and less worry or anxiety about stuttering. If asked directly about speech, they often talk about saying *what they want to say, when they want to say it*. They rarely talk about the frequency of their disfluency. I am often surprised by the ways clients characterize the byproducts of ARTS treatment. They talk about joy and connection in communication, two things they never experienced before therapy.

While some of these outcomes can be assessed through speech samples and questionnaires (Sisskin, 2006), I believe that the themes are most evident from client reports. They include

- Efficiency in communication
- Comfort in communication
- Confidence in communication
- Spontaneity in communication
- Joy of communication

There seems to be a continuum of self-acceptance among those who benefit from ARTS. This may represent the extent to which the person achieves role congruency. Self-acceptance as a PWS is a process

rather than a state of being. Those new to the therapy may *acknowledge* their stuttering, but still work to conceal it. Later, clients self-disclose, and even embrace the role, but admit they are far from true self-acceptance. I believe that those who achieve self-acceptance no longer strive for it. Likewise, greater fluency comes to those who no longer value it.

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