

# An Introduction to Camps for Children Who Stutter: What They Are and How They Can Help

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## **Disclosures**

*Financial:* Courtney Byrd and Robert Reichhardt have no relevant financial interests to disclose. Kristin Chmela develops and implements the Training and Therapeutic program at Camp Shout Out, which is referenced in this paper. Craig Coleman and Mary Weidner direct Stuttering U, which is referenced in this paper. Ellen Kelly is an associate professor at Vanderbilt University, which runs Camp TALKS, which is referenced in this paper. Farzan Irani is an associate professor at Texas State University.

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## **Abstract**

*Stuttering therapy for children, both preschool and school-age, has been offered in a variety of settings and formats, for example in schools, university clinics, outpatient clinics, and private practices. Therapy itself is offered either in a group setting or a one-to-one basis in many of these settings. In recent years, there has been an increase in specialized camps (generally offered in the summer) for children who stutter. Camps for children who stutter*

*vary in duration and offer a combination of group and individual therapy in addition to activities designed to address the affective and cognitive aspects of stuttering and increase overall communicative effectiveness. This paper provides an overview and description of five such camps for children who stutter to help spread awareness and familiarize the listener with the role camps play in helping children who stutter. Preliminary outcome data on the various goals targeted within some of the camps is included; however, that is not the purpose of this paper.*

## **Introduction**

In recent years, it has been argued that stuttering therapy for all age groups, especially children (preschool and school-age) needs to address more than just the overt disfluencies in the child's speech (Yaruss, Coleman, & Quesal, 2012). Specifically, based on the World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF) framework (Yaruss & Quesal, 2004) it is important to identify and address any activity limitations and participation restrictions that might result from stuttering. This often includes, but is not limited to, educating family and friends about stuttering, educating and empowering the child to help deal with negative reactions as well as teasing and bullying (Murphy, Yaruss, & Quesal 2007a; b), and desensitization activities. The purpose of this paper is to provide an overview and description of five "camps" offered within the United States of America (USA) that are specifically designed for children who stutter and address the affective, behavioral, and cognitive aspects of stuttering to help improve overall activity and participation in everyday life situations. The programs described in this paper are by no means exhaustive and there are many other programs for children and adults who stutter offered throughout the country. For the interested reader, a fairly exhaustive list of summer camps and programs for children and adults who stutter is maintained by the Stuttering Foundation of America (<http://www.stutteringhelp.org/clinics-summer>). The current article provides a description (and in some cases preliminary outcomes data) for the following five camps: (1) Camp Dream. Speak. Live. offered at the Michael and Tami Lang Stuttering Institute at the University of Texas, Austin (Courtney Byrd, PhD, CCC-SLP); (2) Camp Shout Out offered on Big Blue Lake in Holton, Michigan (Kristin Chmela, MA, CCC-SLP, BCS-F); (3) Stuttering U. offered jointly by Marshall University and West Virginia University in West Virginia (Craig Coleman, MA, CCC-SLP, BCS-F & Mary Weidner, MA, CCC-SLP); (4) Camp TALKS offered at Vanderbilt University in Tennessee (Ellen M. Kelly, PhD, CCC-SLP); and (5) Fluency Friday Plus offered in Cincinnati, Ohio (Robert Reichardt, MA, CCC-SLP).

## **Camp Dream. Speak. Live**

### **Overview**

Camp Dream. Speak. Live. is an annual intensive treatment program sponsored by The University of Texas at Austin's Michael and Tami Lang Stuttering Institute for children who stutter. Our program targets increases in communication attitudes and effectiveness, as well as resiliency, self-advocacy, mentorship and leadership skills. We are presently piloting a variety of activities that help our participants achieve these goals as well as tools to allow reliable and valid measurement of progress (Byrd, Hampton, McGill, & Gkalitsiou, In press).

### **Outcomes**

**Child report.** Self-report assessment tools used to measure outcomes for our participants include (1) the Overall Assessment of the Speaker's Experience of Stuttering (OASES; Yaruss, Quesal, & Coleman, 2010) for children ages 7–17 years old, (2) the KiddyCAT Communication Attitude Test for Preschool and Kindergarten Children who Stutter (Vanryckeghem & Brutten, 2007) for children ages 4–6 years old, (3) the self-report version of the Patient Reported Outcomes Measurement Information System (PROMIS) Pediatric Peer Relationships—Short Form 8a (DeWalt et al., 2013) for children ages 8–17 years old, and (5) the Devereux Adult Resilience

Survey (DARS; Mackrain, 2007) with our participants in Grade 9 and above. In addition, for a select group of older adolescent participants who serve in roles as Junior Camp counselors we assess mentorship and leadership skills through a criterion-referenced self-assessment tool that we developed based on the outcomes unique to our camp. We also have the participants evaluate their communication effectiveness across a set of competencies based on guidelines developed by the National Communication Association as they participate in a variety of speaking events over the course of camp.

**Parent report.** To assess parent perception of child outcomes, we employ the Parent-Proxy version of the PROMIS Pediatric Peer Relationship (DeWalt et al., 2013), and two measures of resiliency that are the Devereux Early Childhood Assessment Preschool Program: Second Edition (DECA-P2; LeBuffe & Naglieri, 2012) with our clients ages 3 through 5, the Devereux Student Strengths Assessment (DESSA; LeBuffe, Shapiro & Naglieri, 2009) with our participants enrolled in kindergarten through eighth grade. The DECA-P2 and DESSA surveys are completed by the client's parent/guardian. We also collect parents' perceptions of the benefit of their child's participation in our camp through an online parent questionnaire that includes questions from the Kiddy-CAT (Vanryckeghem & Brutten, 2007) and OASES (Yaruss et al., 2010) modified to probe the perspective of the parent with regard to attitudinal and quality of life considerations.

**Clinician report.** Clinicians use modified rating scales to evaluate participants' communication effectiveness and use those ratings to guide participants as they continue to participate in speaking events over the course of camp. Additionally, given our location within a university setting, we have several undergraduate and graduate students who serve as volunteer camp clinicians. Thus, an important aspect of our camp is exploring how interactions with campers who stutter shape the clinicians' perspectives and perceptions of stuttering as well as long-term professional interest in this area.

Prior to training and initiation of camp, our clinicians complete a survey that provides insight regarding their understanding of stuttering as well as their present interest in pursuing additional academic, clinical, and research experience in this area. At the end of camp, the counselors complete the same survey with emphasis on whether or not the training or the opportunity to interact with persons who stutter uniquely impacted their thoughts, feelings, and beliefs about stuttering. These data also provide insight as to whether or not their participation in the camp has influenced their desire further advance their skills in this area. We plan to follow up with these clinicians over the next 5 years as our pilot data (Coalson, Byrd, & Rives, 2016) suggest that the opportunity to work directly with persons who stutter may be a unique predictor of future specialization.

### **Pilot Data**

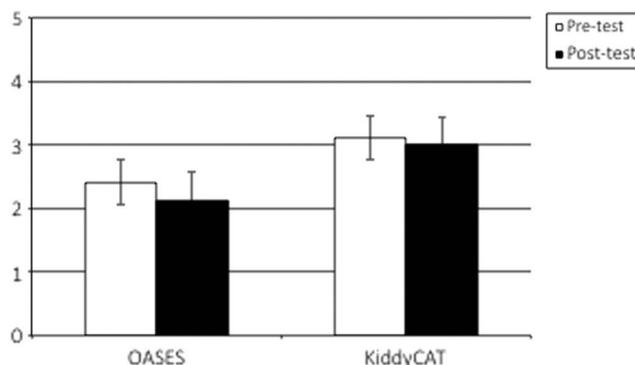
At time of publication of the present manuscript, we had completed the analysis on pilot data with regard to a few of the child assessment measures. Approval for collection of these data was provided by the University of Texas' Institutional Review Board and informed consent and assent were obtained for each participant. Participants were 23 children who stutter ( $n=5$  females;  $n=18$  males) who attended Camp Dream. Speak. Live. Fourteen of the participants were between the ages of 7 and 14 years old and nine of the participants were between the ages of 4 and 6 years old. All participants had previously received a formal diagnosis of stuttering by a certified speech-language pathologist (SLP). Additionally, parents of all participants reported that their child was a person who stutters. Stuttering severity was determined from an audio and video recorded, 5-minute conversational speech sample that occurred during the camp week. Each participant's conversation sample ( $N=300$  words) was analyzed by trained research assistants using the Stuttering Severity Instrument - 4 (Riley, 2009). The mean rating for all 23 participants who stutter was 26.81 ( $SD=11.67$ ), with 2 participants receiving severity ratings of very mild, 7 participants receiving ratings of mild, 9 participants receiving ratings of moderate, 1 participant receiving a rating of severe, and 4 participants receiving ratings of very severe.

**Communication attitudes.** The average pre-test OASES score for children 7–14 years of age was 2.41 (range=1.33–4.71), which corresponds to a moderate impact of stuttering on daily life. The average post-test OASES score was 2.13 (range=1.13–4.3), which corresponds to a mild-moderate impact of stuttering on daily life. All participants age 7–14 demonstrated a reduction in their overall OASES impact score at the end of camp as compared to the beginning of the week. Overall Assessment of the Speaker’s Experience of Stuttering pre-test and post-test scores were found to be significantly different using a paired *t*-test analysis  $t(13)=4.230, p < .001$ . That is, children who stutter who attended Camp Dream. Speak. Live. demonstrated a significant decrease in the impact that stuttering has on their lives at the end of the week as compared to the first day of camp.

Decomposition of the overall OASES scores using paired *t*-test analyses of the individual sections revealed a significant difference between pre- and post-data for Section 4: Quality of Life  $t(13)=2.881, p =.013$ . No additional significant pre- and post-data differences were noted for Section 1: General Information  $t(13)=2.102, p =.056$ , Section 2: Your Reactions to Stuttering  $t(13)=2.060, p =.060$ , or Section 3: Communication in Daily Situations  $t(13)=1.715, p =.110$ .

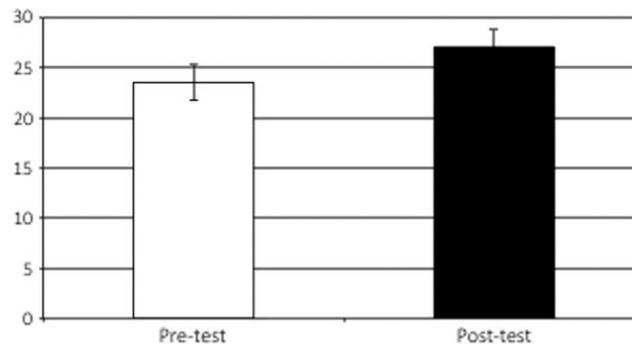
For children 4–6 years of age, the average pre-test KiddyCAT score was 3.11 (range=0–7). The average post-test KiddyCAT score was 3.00 (range=0–7). KiddyCAT pre-test and post-test scores were not found to be significantly different using a paired *t*-test analysis  $t(8)=.160, p=.877$  (See Figure 1). These non-significant findings do not suggest that our camp is not of value to children of this age, but that our sample at this age already had positive attitudes prior to initiation of camp.

Figure 1. The Mean Pre-Test and Post-Test Scores for Children Who Stutter on the Overall Assessment of Speakers Experience of Stuttering (OASES) and the KiddyCAT Communication Attitude Test for Preschool and Kindergarten Children Who Stutter.



**Peer relationships.** When comparing pre-test and post-test PROMIS Peer Relationship scores for the whole group ( $N=23$ ), the average pre-test score was 23.53 and the average post-test score was 27.07, yielding a difference of 3.54 points. This observed difference was found to be statistically significant using a paired samples *t*-test  $t(22)= 3.497, p < .002$ . Children who attended Camp Dream. Speak. Live. demonstrated a significant increase in their social health, including social function and sociability, across peer-to-peer relationships from the beginning to the end of the camp week (see Figure 2).

Figure 2. The Mean Pre-Test and Post-Test Scores for Children who Stutter on the PROMIS Peer Relationships – Short Form.



### Future Directions

Our preliminary data suggest that participation in Camp Dream. Speak. Live. is of significant benefit to the campers in terms of increasing their positive attitudes towards their communication abilities and decreasing the negative impact of stuttering on their lives. We will continue to assess the additional potential outcomes summarized in this manuscript. We will also continue to explore which measures provide the most valuable assessment of camper benefits such that we can further revise and modify our camp structure to allow for maximum benefit to all participants.

## Camp Shout Out

### Overview

Camp Shout Out (CSO) serves approximately 45–50 children who stutter or present with other fluency disorders each August on Big Blue Lake in Holton, Michigan. In addition, CSO provides a hands-on training experience for selected graduate students and SLPs. The Treatment and Training Program executes evidenced-based therapeutic activities and applies differential, critical thinking while reflecting upon 11 Basic Principles (Chmela & Campbell, 2014; Gregory, 2003) throughout the experience.

Upon enrollment and prior to camp, caregivers provide detailed information related to developmental, medical, familial, and academic histories. Detailed history of the camper's communication problem is submitted, as well as information regarding prior and current speech evaluations and treatments. Caregivers and campers share desired goals for the week of CSO, directed at a variety of aspects of becoming an overall more competent communicator. Caregivers meet with small teams of professionals the first and last day of camp and are provided with further recommendations upon camp dismissal.

### Camp Activities

Camp Shout Out seeks to inspire children with fluency disorders to develop a positive communication mindset. This includes understanding the importance of five areas of focus across communication competence, developing personal values related to these areas, and targeted goals or actions focused upon throughout the week. Camp Shout Out seeks to positively impact the quality of life of these children by focusing on the “big picture” of the importance of communication in all individuals' lives. Throughout the week, campers are set up to engage in positive communicative experiences. Trainees participate in lecture, small group problem solving, and interactive activities, both structured and unstructured, throughout the experience. Campers (as well as the leadership team, trainees, and volunteers) are immersed in a recreational, overnight camp environment filled with powerful, motivating, positive activities; reinforcements;

and messages stressing the importance of Communication Competence for all individuals, not just those with communication disorders.

Communication Competence, or one's knowledge of what to do, the ability to do it, and the desire to do so (Spitzberg & Cupach, 1984), is defined at CSO across five basic elements. These elements (adapted from Chmela & Campbell, 2014) relate to personal values, and are driven by actions or behaviors, including:

1. **Attentive:** Awareness of and monitoring of self, others, and communicative context
2. **Assertive:** Initiating, participating; advocating for oneself in communicative interactions
3. **Confident:** Utilizing body language and voice volume appropriate for situation
4. **Effective:** Communicating with greater ease, intelligibility; organization of ideas
5. **Proactive:** Setting oneself for communicative success; Dealing with attitudes and emotions

During the Summer 2015 camp, each day of the week was associated with an element of Communication Competence. Each morning, campers, separated by similar ages, rotated across five focus group stations. Each focus group executed hands-on activities highlighting the word of the day (such as "Attentive Tuesday, or Assertive Wednesday"), as it pertained to their particular group. Campers engaged in activities focused upon various areas of the therapeutic process, including breath, body, emotions, thoughts, and teamwork.

Focus groups, executed by two or more members of the leadership team (comprised of faculty and SLPs who demonstrate strong interest and experience in fluency disorders), included one to two activities each day.

For example, on Attentive Tuesday, the breath focus group (called Oxygen Mask) engaged in activities related to the mechanics of breath and improving breath awareness within the context of regulation and communication. On Assertive Wednesday, the thoughts focus group (called the Mind Garden) identified negative thoughts one may have associated with communication. At the body focus group (Body Rocks) modifications such as "first impression handshakes" and "Power Poses" (Carney, Cuddy, & Yap, 2010) were practiced, in addition to the manner in which one can modify the speaking process, utilizing an easier relaxed approach, phrasing and pausing, voluntary disfluency, or modifications of the stuttering moment. On Proactive Saturday, parents of campers arrived and experienced the focus groups by rotating and participating in an interactive activity with their camper. Throughout the week, the importance of problem solving was stressed for campers, as well as trainees.

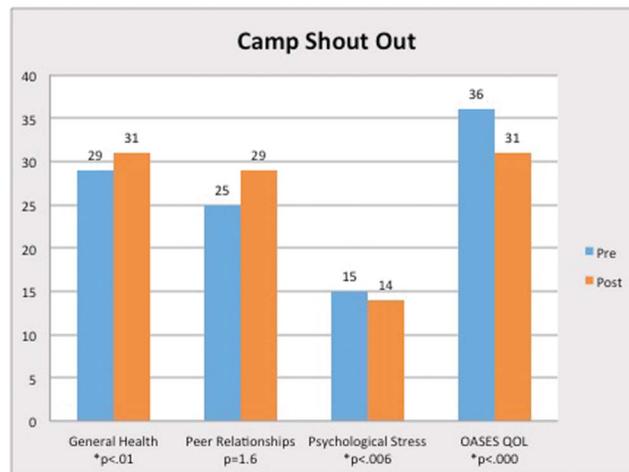
In the afternoon, campers worked together in mixed-age teams on individualized goals within speaking situations and developed a short skit performance for the last day of camp. Campers were provided reinforcement (either verbal, tangible, or both) in a positive manner throughout the week from trainees and the leadership team. Caregivers and family members participated in events the last day of camp including the focus groups, speech team discussions, and the final camp ceremony.

Countless interactions between all participants, such as mealtimes, transitions, climbing the rock wall, conquering the zipline, swimming, making necklaces with yarn at the craft shack, or watching the stars at night, add to the CSO experience in positive ways hard to express in words.

### **Outcomes and Pilot Data**

Thus far, positive outcomes for CSO have been noted through camper completion of a General Quality of Life Scale (in collaboration with J. Donaher, Children's Hospital of Philadelphia; Figure 3).

Figure 3. Camp Shout Out Preliminary Outcomes.



Outcomes for CSO were measured using the Quality of Life subsection of the Overall Assessment of the Speakers Experience of Stuttering (OASES-QOL). For campers, positive differences were statistically significant (see Figure 1), except for the area of Peer Relationships. However, within this area, campers viewed the quality of their peer relationships more positively at the end of the week of camp than at the beginning of the week. They also looked more positively at their general health, level of psychological stress, and Quality of Life at the end of the week than at the beginning of the week. Anecdotal reports from caregivers, campers, and SLPs servicing campers outside of camp have been overwhelmingly positive. Perhaps an important indicator of positive outcomes thus far is the number of returning campers (estimated at more than 70% yearly for the past 5 years).

In summary, CSO provides a supportive, accepting community whereby multiple, individualized opportunities for children to experience success as communicators are provided within both structured and natural interactions. The community of reinforcement is powerful, capturing the mindset of CSO, whereby *all* individuals present are encouraged to share what they desire, connect with others, and strive to be the best communicators they can be.

## Stuttering U

### Overview

Stuttering U. is a summer program that offers a unique combination of experiences for children who stutter, their families, and SLPs. It is comprised of a three-day summer camp for children and families, and also offers a continuing education workshop for SLPs. The camp for children and their families is held at Marshall University in Huntington, West Virginia, whereas the continuing education workshop is held in two different locations: Marshall University and West Virginia University in Morgantown, West Virginia. The Stuttering U. slogan is, “Be Brave. Be Amazing. Be U.” The message conveys that, although dealing with stuttering can be challenging, it does not have to limit or prevent a person from interacting with others in a successful way.

### Camp Activities

**Activities for SLPs.** The first part of the program, the continuing education workshop, is designed to provide SLPs with an overview of current research and clinical skills in stuttering. The 12-hour workshop extends over two days and addresses topics including current research, goal writing, therapy activities, and counseling. Case studies are utilized to help clinicians leave with tools they can use when working with children who stutter and their families.

**Activities for children.** For the actual summer camp, the ultimate goal is to provide an opportunity for attendees to learn about stuttering, take communication risks, and develop meaningful relationships with others affected by stuttering. It is directed toward children and adolescents ages 6 through 17 and their parents. The camp is comprised of separate tracks for the campers and their parents, and full group activities are conducted at the start and end of each day. During the camper track, children participate in stuttering-related and traditional camp activities. All of the activities are aimed at facilitating improved communication, building relationships, and improving overall self-confidence. Above all, campers are encouraged to take risks, both related and unrelated to communication. These activities take the form of group therapy sessions (e.g., discussion based on fears with stuttering), stuttering desensitization activities (e.g., purposefully stuttering while ordering a drink at a coffee shop), group building exercises (e.g., stuttering scavenger hunt), and other challenges (e.g., climbing a rock wall). Other hands-on activities give children an opportunity to create and express what stuttering means to them. This past year, for example, each camper designed his own country dealing with stuttering. They named their country, made a flag, and wrote a slogan. One child named his country “Blockopia,” with the slogan, “If you block, don’t stop.” He interpreted his slogan to mean that, “If you stutter, don’t give up. Keep talking.”

**Activities for parents.** The parent track is led by the camp directors and addresses topics related to the causes and nature of stuttering, the stuttering experience, and how to best support the communication needs of their child. At the end of the camp, the directors offer consultation with each of the families in order to address any questions, concerns, and discuss a plan of treatment for their child. Parents consistently note that the family track helped them to better understand stuttering and learn more information about how to help their child. One parent wrote,

My wife and I spent many months, at many doctors’ offices and hospitals, trying to figure out how to help [our son] with his stuttering. In three days, the program leaders and the wonderful students at Marshall gave us, as well as our son, more information about stuttering than we had been able to receive in the past year. The camp was such a blessing in our struggle to understand the whys, the whats and the how comes.

The camp closes with a ceremony that includes a video montage of camp highlights and awards for the campers. In addition, campers have the opportunity to present their projects as well as their insights gained throughout the week to the full audience.

## **Outcomes**

**Campers and parents.** Outcome data for the camp is collected both quantitatively and qualitatively. Over the course of the camp, the campers complete various stuttering assessments as deemed appropriate by their age and clinical appropriateness. In addition, their attitudes toward communication and interactions with others are tracked. Data gathered provides important baseline and/or progress monitoring information. During the final consultation, parents are provided with a file for their child which includes copies the assessments given. Parents are also given a questionnaire on their satisfaction with the camp.

**Qualitative case summary.** The camp offers an opportunity for growth and learning, and hope that attendees extract that which will best support their wants and needs. The story of one family illustrates how they were impacted by Stuttering U. Josh (a pseudonym) was a 9-year old child who stutters, and he and his parents made a 5-hour drive across the state to go on “vacation.” The night before camp, his parents told him their “vacation” was actually to attend a camp for children who stutter. Josh cried and protested. Up until that point, Josh’s stuttering was a “taboo” topic in his family. His parents were informed for years, “don’t talk about it and it will go away.” But it never did. Josh and his parents were the first to arrive at camp, Josh fighting back tears. He started to relax as other children trickled in, but he was still on edge. For the first day, Josh stayed on the sidelines for any activities dealing with stuttering. His parents mentioned that when they went back to their hotel that evening, they openly talked about stuttering for the first time as a

family. And then, things started to change. On Day 2, Josh started opening up. He had permission to be authentic and to stutter openly. His “disorder” had a name, an explanation, and other children dealt with it, too. By Day 3, Josh was talkative, outgoing, and confident. When we met with his parents during the consultation, the father could not hold back his tears and the mother followed suit. They remarked how, “this has been the hardest and most important thing we have ever done dealing with Josh’s stuttering.” For that family, the camp ultimately gave them the tools they needed to recalibrate the best approach to managing Josh’s stuttering, and his is currently on track toward being a confident communicator.

**SLP workshop outcomes.** Outcomes of the 2014 SLP workshop were determined using a pre-post written assessment (Weidner & Coleman, 2014). Twenty-four SLPs completed the assessment, which consisted of a series of multiple-choice and short answer questions relative to basic stuttering information and clinical management of children who stutter. Responses were awarded a point value wherein correct answers = 2; partially correct = 1; and incorrect answers = 0. Raw scores were descriptively compared before and after the workshop. Results showed improvement in participants’ basic knowledge about and clinical management of stuttering. For example, before the workshop, 8% of SLPs ( $n=2$ ) were able to write a treatment goal pertaining to children’s knowledge of stuttering, compared to 96% ( $n=23$ ) following the workshop.

**SLP student involvement outcomes.** The camp and continuing education workshop would not be possible without the help of the many undergraduate and graduate speech-language pathology students from Marshall and West Virginia University. The students are instrumental in helping to plan and lead activities and group therapy sessions. The camp has led to much greater student involvement in stuttering research projects, as the students have been able to see the life-changing impact they can have on a child who stutters. Data to measure changes in student perceptions about stuttering and people who stutter before and after the camp is underway.

## **Camp TALKS (Talking And Learning with Kids who Stutter)**

### **Overview**

Camp TALKS (Talking And Learning with Kids who Stutter) is a 5-day summer camp for 8 to 16-year-olds who stutter and their parents, held annually at Vanderbilt University. Campers—along with SLPs from within and outside the Vanderbilt Bill Wilkerson Center (VBWC), graduate students from the Department of Hearing and Speech Sciences, and a panel of adults who stutter from the community—come together to learn about one another and the unique communication and stuttering experiences of each camper.

### **Camp Goals**

The overarching goal of Camp TALKS is *communication*—stuttered or not; when, where, how, and with whom campers desire; and saying what they intend. Related to this focus is the opportunity for campers to meet, interact with, and grow in communication willingness and confidence with others who stutter. Frequently, campers and their parents have never met another person who stutters. In addition to the campers and adults from the community, some of our graduate counselors and SLPs also stutter. The campers form close bonds with these adult mentors who have experienced many of the same challenges. Teen campers act as “junior counselors,” adding to the bonding and mentorship experiences. Goals also include campers developing (and maintaining) positive (a) attitudes, (b) feelings, and (c) behaviors related to self, communication, and stuttering. We refer to this as the “ABCs” (Affective, Behavioral, and Cognitive elements) of stuttering and emphasize the interrelations between what one does (and does not do), thinks, and feels during daily communication (Bennett, 2006).

For parents, who participate on the first and last day, goals include (a) meeting and sharing with other parents of children who stutter, (b) asking questions and obtaining information from SLPs, (c) learning from adults who stutter who share their personal stories, (d) encouraging

and celebrating their children in the camp experience, and (e) problem-solving ways to support their children in communication beyond the camp.

### **Camp Activities**

Activities include large- and small-group presentations and discussions, structured exercises, and “field trips” around the medical and university campuses in which campers, with the support of graduate students, SLPs, and peers, challenge themselves to set and reach communication goals that expand their “comfort zones” for speaking. Mixed-age and age-specific (e.g., 6–8, 10–12, or teen) activities are utilized, depending on the targeted content and related cognitive and/or social demands. For some, this includes stuttering modification and/or fluency shaping “tools,” as determined by campers’ preferences and therapy histories/experiences. For all, “small steps” toward communication goals are taken and celebrated by campers, counselors, SLPs, and parents (who, on the days they do not participate directly, are kept informed through social media and brief conversations at the start and end of each camp day).

Throughout the week, groups of campers prepare to perform their own skits as a “capstone” celebration of the week’s experiences (a component based on the work of SAY: Stuttering Association for the Young, <http://www.say.org>). Recreational activities are incorporated to promote teamwork and social communication, and mindfulness exercises help all participants attend to their own experiences in the present moment, openly and nonjudgmentally (e.g., Brown, Creswell, & Ryan, 2015).

The general theme or focus of each camp day is as follows:

**Day 1: The theme of Day 1 is communication, with campers acting as “communication detectives,” observing and reporting examples of effective and ineffective communication strategies around campus.** Campers also explore their own communication successes and challenges, and identify related choices, strategies, and goals. To conclude the day (and each subsequent day), campers identify “small steps” they will take before returning to achieve their “best hopes” for communication. This includes informing parents, siblings, and/or friends about their experiences in person and/or through social media.

**Day 2: On the second day, the “B” of communication, or, what we do and do not do when we communicate and when we stutter, is explored.** Groups of campers construct “speech machines” and talk about what we do when we speak fluently and when we stutter. Campers share strategies or “tools”—both helpful to and impeding communication—and decide what they would like to try to do a little more or a little less of over the short and long term. Examples include campers challenging themselves to say the words they want to say, or use speech tools (e.g., pull-outs, soft starts, easy stutters, etc.) during camp and/or before returning to camp the next day.

**Day 3: On the third day, the “C” (cognitive) and “A” (affective) components of communication are addressed.** As a group, we develop a CBT (Cognitive Behavioral Therapy; e.g., Scott, 2010) cycle to identify what we feel in our bodies (e.g., sweating, heart racing), the related feeling “words” (e.g., nervous, excited), thoughts (e.g., I’m going to stutter; People will laugh; I have a great answer for that), and behaviors we choose during communication challenges (e.g., remain silent, switching out words). Campers identify challenging personal scenarios and complete their own CBT cycles, with the help of camp staff (e.g., Scott, 2010). Campers talk about helpful and unhelpful thinking and how they feel when communicating. They learn that “feelings just are,” and design experiments to examine the accuracy of and confront their unhelpful thoughts. Facts and myths about stuttering and ways of self-advocating in communication situations are explored. Campers design a brochure with information and suggestions to share with parents that evening and for use on the following day.

**Day 4: On the fourth day, campers take what they have learned “on the road.”** They share about communication, stuttering, the camp, and related topics on camera in an elective “5 Minutes of Fame” activity. They also engage in open discussion and role-playing about teasing

and bullying and construct surveys containing questions about stuttering. Using their surveys and brochures they created previously, campers conduct interviews on campus. Before proceeding, campers select personal communication goals (e.g., taking data and handing out brochures; conducting five interviews; using their speech tools when approaching participants; talking about their own stuttering). Afterwards, participants share their experiences and the staff highlights campers' accomplishments.

**Day 5: Campers and parents meet separately with a panel of adults who stutter.** This extends the campers' knowledge and experience of a shared community and helps to reassure parents that their children "will be okay." Parents' observations and questions are explored in an open discussion with SLPs and one another. Campers perform their skits for an audience of family members, friends, and camp personnel. The evening culminates with a celebration meal, acknowledgements, and shared remembrances.

### Outcomes

Quantitative and qualitative data are collected on the first and/or last day of camp to (a) examine campers' knowledge, perceptions, attitudes, feelings, and behaviors related to communication and stuttering; (b) obtain parents' observations of their children's communication, stuttering, and related consequences; (c) identify and scale "best hopes" (or goals) for camp of campers and parents; and (d) obtain camp-final evaluations from campers, parents, SLPs, and graduate students.

**Initial measures.** On the first day, campers identify their "best hopes" for camp with the help of camp staff (from Solution-Focused Brief Therapy [SFBT]; e.g., Burns, 2005). "Hopes" (e.g., to meet other kids who stutter, to be fluent, to talk more, to be more confident) are scaled from 0 = hope absent to 10 = hope achieved. Campers also complete the Overall Assessment of the Speaker's Experience of Stuttering (OASES; Yaruss et al., 2010) and the Behavior Assessment Battery for School-Age Children Who Stutter (BAB; Brutten & Vanryckeghem, 2006). Data are used to help staff select, plan, modify, and personalize the week's activities.

Parents independently identify and scale their "best hopes" for camp for themselves and for their children and complete the Test of Childhood Stuttering (TOCS) Observational Rating Scales (ORS; Gillam, Logan, & Pearson, 2009)<sup>1</sup>.

**Final measures.** Campers' "best hopes" are revisited on the final day to examine progress and identify their next "small steps" toward their goals. Responses vary from achievement of hopes, progress toward them, and no change over the week for individual goals.

Parents also revisit their "best hopes" from the first day. Many indicate progress toward hopes achieved for themselves and their children. Some propose changes, for example, from hoping their child will be fluent to acknowledging their child's improved communication willingness, enjoyment, and confidence. Others express newfound optimism for their children's futures and confidence in their knowledge and strategies for supporting them.

Campers, parents, SLPs, and graduate counselors all complete final camp evaluations to provide feedback as well as suggestions for future camps. Feedback from campers and parents has been uniformly positive, particularly acknowledging Camp TALKS as an opportunity for 8- to 16-year-old children who stutter and their parents to communicate openly, feel understood and supported, and to view the future with hope and confidence.

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<sup>1</sup>The TOCS is designed for children, 4 to 12 years of age who stutter; however, the ORS scales are included as initial measures for campers of all ages to tap parents' observations of their children's stuttering behaviors and consequences during the previous 2-month period.

## **Fluency Friday**

### **Overview**

Fluency Friday (FF) is an intensive one-day workshop that is held annually in Cincinnati, Ohio. Children who stutter and their families participate in a variety of therapeutic activities designed to help them along their journey with stuttering. The program was started 15 years ago by Diane Games, MS, CCC-SLP, BCS-F, and has developed into a collaborative community effort with faculty from the University of Cincinnati, Hamilton County Educational Resources Center, and Cincinnati Children's Hospital Medical Center. The goal of the FF team is to provide a safe space where children and parents can explore their thoughts and feelings about stuttering, as well as work on improving their communication skills. The program strives to provide a platform where any child or parent's goals can be explored and hopefully addressed. Although the FF team provides the overall structure, it is the children and parents who lead the events of the day based on their goals.

In addition to supporting children and families, FF provides graduate students from the University of Cincinnati the opportunity to gain hands on experience working with individuals who stutter and their families. All graduate students have completed a course in fluency taught by Irving Wollman, MS, CCC-SLP, BCS-F, and have participated in several labs to prepare them for the program. Guest speakers consisting of local SLPs and members of the Fluency Team at Cincinnati Children's attend the labs to provide guidance to graduate students on working with individuals who stutter. The students are taught to use principles of motivational interviewing during their interaction with the client to determine what they will focus on during their day at FF. They have a diagnostic therapy worksheet to guide them. In addition, the graduate students use portions of the Cognitive, Affective, Linguistic, Motor and Social Assessment (CALMS; Healey, 2007) to assist in gaining a greater understanding of their client's knowledge about stuttering and the impact stuttering has on his or her life. During the day, the graduate students are under the guidance of a practicing SLP. This is coordinated by Karen Rizzo, MA, CCC-SLP.

### **Camp Activities**

**Activities for children.** During the morning, children have the opportunity to participate in individual therapy sessions during which they can explore their talking as well as determine what they would like to accomplish at FF. In the FF environment, there are limitless opportunities to focus on any aspect of communication. Fluency Friday also includes group therapy sessions at different times throughout the day. These sessions provide an opportunity for the children to share and explore their thoughts and feelings about stuttering with their peers as well as gain encouragement and advice. Attendees often open up and share very personal experiences when they see that their peers are interested in hearing their stories and sharing their own as well.

Following lunch, the children work on their communication skills as well as observe others at a variety of conversational stations. They have the opportunity to practice such skills as giving short presentations, telling jokes, or preparing for interviews. The training program for graduate student clinicians emphasizes that it is the clients who decide what communication situations they want to focus on. Fluency Friday provides the platform and support. In addition, the power of observation is always there, as clients benefit from watching others being assertive and taking conversational risks.

Older clients are invited to be on the Teen Panel. This is a unique opportunity for all the attendees to ask questions and gain advice from those that have had a longer journey with stuttering. The panel provides older clients the chance to practice speaking in front of an audience as well as serve as mentors to those who are younger. In addition, it is an excellent learning opportunity for the graduate students and other adult attendees to see these teens demonstrate such bravery and assertiveness with their talking around such personal topics.

In the past, FF has also had open mic sessions and skits where clients get to speak in front of a large audience. Again, the clients are in the lead as they determine how big their talking role will be. Often those who were initially hesitant to talk in front of the large group are inspired in the moment and take great risks given the energy and support they feel from their peers and the audience.

During the closing ceremony, graduate students have the opportunity to praise their students for their efforts and success at FF in front of the entire FF family. In addition, Happiness Letters, developed by Staci Maddox, MA, CCC-SLP, are given as a surprise to the children at FF. These letters provide caregivers and professionals with the opportunity to provide words of praise and encouragement for the children.

**Activities for parents.** While children are in their therapy sessions, parents have the opportunity to explore their thoughts and feelings about stuttering in a group. As with their children, FF provides the space for parents to explore where they are and seek the support and input they desire to help them move forward in their journey as a caregiver. They grow and learn from each other just as their children do. It is particularly poignant when parents share stories that move other members of the group to tears. As with their children, parents come to realize that any thoughts and feelings they have regarding their child and stuttering are valid and, like their children, they are not alone.

Over the years, FF has been very fortunate to have the support of the National Stuttering Association (NSA). A particularly powerful way the NSA has offered support is by having members of their local Cincinnati chapter attend and participate on an open panel discussion for the parents along with other adults from the community. The NSA members come together to share their unique stories and answer questions from the parents. They are more than willing to share what they have learned along their journey for the benefit of helping the parents and their children.

### **Outcomes**

Participant satisfaction and outcomes are measured in several different ways. All attendees, children, family members, and professionals complete an exit survey. The exit surveys help determine if FF is meeting their needs. Each year the FF committee reviews these documents and makes changes to the event to better serve the community. In addition, participants develop an exit plan that is shared with parents to help continue the work that was started at FF.

### **Conclusion**

In summary, this paper provides an overview and varying level of detail for five different summer camps for children who stutter. As evidenced from the individual camp description, while each camp is unique, they are all connected by a few common themes.

First, all camps described here are specifically designed for school-age children starting as young as 4 years of age (e.g., Camp Dream. Speak. Live.) and all the way to adolescent/teen years (17 years). The majority of these camps offer intensive therapy over a span of 1 week/5 days, except for Fluency Friday, which is a one-day event geared towards children and their parents.

A second common theme noticed across these camps is parental involvement. The amount and nature of parental involvement varies from one camp to the next; however, all camps described take parental perspectives and their training into account. The camps often offer parents the opportunity to learn about stuttering from other adults who stutter, as is clear from the involvement of the NSA during the FF program.

A third and very important common theme across all camps is that they all use a mixed model of group and individual therapy. The camps not only account for each child's individuality and needs, but also offer the benefits of connecting with, and learning from, a group of other children who also stutter and face similar challenges in daily life. Camps such as Camp Shout Out and Fluency Friday also facilitate peer mentoring for the children as well as their parents.

The use of a combined group and individual therapy model has the potential to provide numerous gains for both the children and their parents as has been documented in the case of adults who stutter whether in a therapeutic setting (Irani, Gabel, Daniels, & Hughes, 2012) or a support group setting (Yaruss, Quesal, & Murphy, 2002).

Finally, all programs use a mix of activities that target core stuttering behaviors (i.e., the disfluencies themselves) as well as addressing the effects stuttering has on the child's communicative abilities and communication confidence. Each camp describes unique methods applied to address stuttering as a whole, within the ICF framework (Yaruss & Quesal, 2004). In addition, each camp also gathers relevant data to help inform progress of goals not directly related to speech fluency. A common measure utilized by most camps is the OASES (Yaruss et al., 2010), which assesses the impact stuttering has on the individuals' daily participation and overall quality of life as defined within the ICF framework.

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