CAMPERDOWN PROGRAMME TREATMENT MANUAL
2002

The programme has the following salient features:

1. The treatment technique used is Prolonged Speech (PS).
2. The programme is based on individual clinic sessions apart from one group practice day involving 2-3 clients and 2-3 clinicians.
3. PS is taught without reference to traditional descriptions of speech targets such as "gentle onsets" and "soft contacts." Instead, clients learn the technique by watching and imitating a standard PS video, accompanied by written text. The video demonstrates PS in a slow and exaggerated manner in connected speech.
4. Instatement of stutter-free speech involves no programmed instruction, speech rate targets or naturalness targets.
5. Clients are free to individualise their PS pattern. They are encouraged to use whatever features of PS they require to control their stuttering.
6. The programme contains no structured or hierarchical transfer phase.
7. A 9-point severity rating scale replaces instrumentation for stutter count measures within and beyond clinic.
8. A 9-point naturalness scale is used by clinicians to evaluate speech naturalness.
9. A 9-point PS scale is used by clients to describe the amount of pattern they are using.
10. Self-evaluation for subsequent problem-solving is introduced from the first session.
11. The client requires access to a practice partner for speech practice on a daily basis.

The Programme has four components: Individual Teaching Sessions, a Group Practice Day, Individual Problem Solving Sessions and a Maintenance Phase.

Individual Teaching sessions

Aim:
To determine if clients can learn the basic behaviours (production of PS and evaluation of stuttering severity) required during the treatment.

Method:
There are 4 stages. There is no formal correlation between stages and number of sessions. It is possible for 2 stages to be achieved within one session or alternatively one stage can require more than one session.

Stage 1

SEVERITY RATINGS

1. Baseline: clinician records 5 min conversation.
2. Clinician introduces 9-point severity rating scale (SEV).
   1 = no stuttering, 9 = extremely severe stuttering (video exemplars, if required).
3. Client assigns SEV score to WC baseline, according to above scale.
4. Clinician and client discuss rating.
5. Client listens to segments of his pre-treatment tapes and assigns SEV ratings to these samples.

PROLONGED SPEECH

1. Client watches a video exemplar of PS demonstrated in a slow and exaggerated manner in connected speech. This is accompanied by written text. He attempts to produce a similar pattern by imitation and reading in unison.

2. Clinician gives feedback about PS without reference to the specific targets of "soft contacts," "gentle onsets," "continuous vocalisation," or any other target. Feedback should direct client back to the demonstration video to try to copy exemplar more closely. Clinician can break passage into smaller units for feedback if necessary.
3. Client to establish practice partner for future daily speech practice.

HOME ASSIGNMENTS (HA):

HA1: Client to graph daily SEV ratings.

HA2: Client to tape record several 1-2 minute conversations beyond the clinic (no pattern to be used) and assign SEV ratings.

HA3: The client is given an audiotape copy of the video exemplar and is instructed to

- listen to the exemplar daily.
- practise reading the passage with and without the exemplar attempting to match the training tape as closely as possible.
- record five readings of the passage over several days attempting to match the training tape as closely as possible.

Stage 2

SEVERITY RATINGS

1. Baseline: Clinician records 5 min conversation (no instruction to use pattern to be given).
2. Client rates SEV of the sample. Client and clinician compare and discuss rating of sample.
3. Clinician listens to HA2 assignments and discusses client's SEV ratings for these samples.
4. Clinician records and discusses client's graphed BC SEV ratings.

PROLONGED SPEECH

1. Clinician discusses HA3 recordings in terms of whether the PS was acceptable. Further training if required.
2. Client attempts a 1-minute monologue using PS pattern similar to training video.
3. Client evaluates pattern and clinician provides feedback on 1-min monologue.

HOME ASSIGNMENTS (HA):

HA4: Client to graph daily SEV ratings.

HA5: Client to tape record several 1-2 minute conversations beyond the clinic and assign SEV ratings.

HA6: Client to practise PS daily, both with the audio recording and in 1-minute monologues, using audio exemplar tape as model. Client to evaluate his own performance. Client to tape record five 1-minute monologues using PS approximating the exemplar.

Stage 3

SEVERITY RATINGS

1. Baseline: Clinician records 5 min conversation (no instruction to use pattern to be given).
2. Client rates SEV of the sample. Client and clinician compare and discuss rating of sample.
3. Clinician listens to HA5 assignments and discusses client's SEV ratings for these samples.
4. Clinician records and discusses client's graphed BC SEV ratings.

PROLONGED SPEECH

1. Clinician discusses HA6 recordings in terms of whether the PS was acceptable. Further training if required.
2. Client attempts a 3 minute monologue using PS pattern.
3. Client evaluates pattern and clinician provides feedback on 3 minute monologue.

Stage 4

1. Clinician explains procedure for "T phase" on Group Practice Day.
2. Clinician facilitates production of stutter-free PS at various naturalness levels using the following instruction:
   " I want you to experiment now with the PS technique that you have learnt. Use whatever features of the technique you need to remain in control of your stutter. While remaining stutter-free, see if you can make your speech sound more acceptable."
   This will not be specifically related to NAT levels.
3. Client and clinician evaluate SEV and acceptability of speech pattern.

No assignments follow stage 4, however the client is expected to practise PS daily with practice partner until entering Group Practice Day.

A maximum of 5 sessions is allowed in which to achieve stages 1-4.
Criteria for moving into Group Practice Day.
Client must be able to:

- Use PS that approximates the video exemplar to control stuttering.
- Demonstrate ability to vary the amount and the way the PS pattern is used while remaining stutter-free.

Group Practice Day

Aims:

1. For clients to gain consistent control over their stuttering within the clinic using a natural sounding speech pattern.
2. For clients to practise self-evaluation of stuttering severity and amount of PS pattern used.
3. For client to develop problem solving skills (balance between control of stuttering and natural sounding speech) to assist generalisation of stutter-free speech.

Method:

A group of three clients attends from approximately 8.00 AM to 5.30 PM. During the day, clients rotate through 14 cycles. Each cycle consists of three phases. There are two speaking phases, named Practice (P), Trial (T) and one Evaluation (E) phase.

The P Phase consists of clinician-supervised practice using exaggerated PS (with and without the exemplar tape) while talking in monologue. Feedback is given in the same manner as when teaching the pattern in the Individual Teaching Sessions.

The T Phase consists of clinician-supervised speaking in monologue, with the client instructed to use whatever features of the PS pattern that are needed to control stuttering. During this phase the client is instructed to attempt to achieve three goals: (1) to maintain a SEV rating of 1 – 2; (2) to sound as natural as possible; and (3) to match on-line self-evaluation of SEV ratings to those of the clinician. The trial is tape-recorded by the client.
At the end of each T Phase, the clinician records a SEV and NAT score on a data collection graph. The client records a SEV score only although he may be asked to comment on how much PS he was using and how acceptable his speech pattern sounded . If SEV is >2, the client is required to return to a P phase during the next speaking phase. The clinician and client together work out a strategy for the next cycle.

The E phase is an opportunity for the client to listen to the recordings of his previous two speaking phases, to re-evaluate stuttering severity off-line, to consider the acceptability of the speech pattern during that phase, and to decide on a strategy for using PS in the next phase.

For the first six of these P-T-E cycles, phases are each 5 minutes long. The P and T phases are conducted individually with a clinician and the E phase occurs independently. For the remaining 8 cycles, the P and E phases remain 5 minutes long, but a 20-minute group conversation replaces the individual T phase monologue with the clinician. The three goals for the group sessions remain identical to those of the individual T phase. Each client is paired with a clinician for the P and E phases. In the P phase, clients practise PS and also plan strategies for using PS in the group. In the E phase, the client evaluates and discusses with the clinician, his speech in the last group session and plans a strategy for the next cycle.

The programme contains no hierarchical progression through the day, however, the following guidelines apply to the speaking phases:

1. The Practise phase is always followed by a Trial phase.
2. A Trial phase of SEV 1-2, leads to a choice of a subsequent Practice or Trial phase.
3. A Trial phase of SEV >2, is always followed by a Practise phase.
4. Every 3rd cycle begins with a Practice phase.
5. After 6 cycles, if the client is consistently producing speech at NAT 6 or greater, the 9-point NAT scale will be introduced and movement towards more natural sounding speech will be facilitated.

In the afternoon, a 9-point "Prolonged Speech " rating scale is introduced to the client; “1”= "no PS " and "9" = "consistent and exaggerated PS " . This provides the client with a means of measuring and documenting his pattern use. This scale (along with the SEV scale) forms the basis for discussion of BC speech in subsequent problem solving sessions.

HOME ASSIGNMENTS:

HA1: Client records average daily SEV ratings and PS ratings on a chart.

HA2: Client records 2-3 BC conversations and assigns SEV and PS scores.

* Clients are encouraged to formally practise PS for a minimum of 10 minutes a day - 5 minutes practise with the exemplar and 5 minutes with their practice partner. They are also encouraged to try to use PS, at an acceptable naturalness level, in as many situations as they can beyond the clinic.

Individual Problem Solving sessions:

Aim:
To develop strategies for generalising stutter-free speech.

Method:
No formal transfer strategies are used.

1. Baseline: Clinician records 5 min conversation. Client evaluates speech and assigns SEV and PS scores. (Clinician also records NAT).
2. Clinician and client discuss HA1 – daily graph.
3. Clinician and client discuss HA2 – BC recordings of speech.
4. Clinician and client together develop an individualised practice schedule.
5. The remainder of the 1-hour visit is used by the clinician to review progress, identify and solve problems with the generalisation and maintenance of stutter-free speech, and provide counseling as needed.

HOMEWORK ASSIGNMENTS:

Client graphs daily SEV and PS ratings.
Client collects recordings of BC speech in a variety of situations.

Criteria for moving into maintenance stage
WC: conversational speech sample SEV 1-2, NAT 1-3.
BC: 3 X 10 minute recordings of speech SEV 1-2, NAT 1-3.

When stuttering has reduced to criterion levels for 3 weeks, across a variety of situations beyond the clinic (verified by BC recordings) clients move into the performance contingent maintenance phase of the programme.

Maintenance

Aim:
Maintenance of treatment gains.

Method:
Performance contingent schedule.
Criteria: WC SEV 1-2, NAT 1-3..
BC SEV 1-2, NAT 1-3.
The schedule will be 2/52, 2/52, 4/52, 4/52, 8/52, 3/12, 6/12. Failure at any level will require a repeat of that level.

Discharge criteria:

Completion of maintenance programme, non-compliance with therapy commitments or voluntary withdrawal.