ASRC Newsletter

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Australian Stuttering Research Centre

Latest news on the Lidcombe Program Trainers Consortium

The October 2003 edition of the ASRC Newsletter announced the formation of the Lidcombe Program Trainers Consortium, an international, non profit group dedicated to providing professional continuing education in the Lidcombe Program. The Consortium strives to provide a high standard of instruction, with internationally standardised methods and materials. Consortium members are in constant contact in striving for excellence. The focus of Consortium training is on development of skills in this treatment method, ranging from introductory to advanced. Drawing on the scientific evidence base for the Lidcombe Program, Consortium training also is designed to provide an understanding of the link between clinical practice, clinical trials, and clinical process research dealing with the treatment method. The Consortium currently consists of trainers in four countries: the United States, Canada, the United Kingdom, and Australia.

Since the time of the formation of the Consortium it has become clear that there is a growing demand for training in the Lidcombe Program, with nearly 300 clinicians having received training during eight months. Training events have occurred in: Sydney, Cairns, and Brisbane in Australia; Bath, Devon, Norwich, London and Darlington in the United Kingdom; Vancouver in Canada; and Loma Linda, Richmond, Vermont, Portland in the United States. Training events have also occurred in several countries in mainland Europe such as the Netherlands and Denmark. Consortium events are heavily booked for the remainder of 2004 and in 2005.

Should you wish to undertake Consortium Lidcombe Program training individually, or arrange it for your local group, the contacts in various countries are listed below.

Australia:
Anne Ahern (a.ahern@fhs.usyd.edu.au)

United Kingdom:
Mary Kingston (kingstonamee@talk21.com)
Rosemarie Hayhow (rosemariehayhow@btinternet.com)

United States:
Barry Guitar (barry.guitar@uvm.edu)

Canada:
Rosalee Shenker (rosalee@montrealfluency.com)
Caroline Jones (rosalee@fluencycentre.com)

ASRC Staff

Mark Onslow	Director
Ann Packman	Senior Research Officer
Sue O'Brian	Research Officer
Anna Huber	Research Officer
Isabelle Rousseau	Research Officer
Angela Cream	Research Officer
Anne Ahern	Office Manager

Good Luck Jane!

Jane Kelly left the ASRC on 24 August on maternity leave. She will be greatly missed around here for her smiling face, her efficiency and her tolerance of staff foibles! Staff and students join in wishing Jane and her husband Simon all the best for the upcoming event in September, and hope there will not be too many sleepless nights in the Kelly household. We extend a warm welcome to Anne Ahern who is replacing Jane while she is on maternity leave.

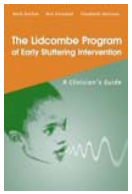
Ann Packman Appointed Associate Editor for American Journal of Speech-Language Pathology

With the endorsement of the American Speech-Language-Hearing Association, Dr Ann Packman has been invited by the Editor of the *American Journal of Speech-Language Pathology* (AJSLP) to serve a term as Associate Editor for Fluency, beginning in 2005.

Ann is the first Australian to serve in this capacity. As such, the invitation marks another milestone in her career.

AJSLP is one of the most prestigious speech pathology journals. At present, the ISI data base lists AJSLP as the third ranked journal, in terms of impact, in the field of rehabilitation.

Ann's editorship of this journal constitutes a source of international recognition for the Australian Stuttering Research Centre.



The Lidcombe Program of Early Stuttering Intervention: A Clinician's Guide

can be ordered online from
www.proedinc.com/store/index.php?mode=product_detail&id=10001

Camperdown Program Telehealth Trial

The Camperdown Program (see ASRC website for details) is a Prolonged Speech (PS) treatment model developed and trialled recently at the Australian Stuttering Research Centre (O'Brian, Cream, Onslow, & Packman, 2000, 2001; O'Brian, Onslow, Cream, & Packman, 2003). It provides good outcomes in terms of stuttering reduction and speech naturalness, and it reduces treatment times by around 80% while concurrently simplifying the treatment process. However not all clients are able to access such a program due to isolation from treatment services, either because of distance or life and work commitments.

One potential solution to these problems is a telehealth service delivery model. Telehealth involves the use of information technologies and telecommunications to support or deliver health services to remotely located sites (Project for Rural Health Communications and Information Technologies, 1996). The range of technologies currently used includes videoconferencing, standard telephone communication, internet communication, teleimaging and other digital data transfer.

In the case of the Lidcombe Program, available research (Harrison, Wilson, & Onslow, 1999) suggests that telehealth delivery is a viable option for stuttering treatment. There are two reasons to believe that PS treatments for adults can be adapted for telehealth presentation more effectively than has been done with children with the Lidcombe Program. First, the involvement of a third person (a parent) is not integral to the PS treatment process. Prolonged Speech clients will be responsible for implementing their treatment themselves. Second, much PS treatment involves speech drills, which do not require face-to-face contact between clinician and client. In effect, the clinician only needs to hear the client's speech to determine whether speech restructuring is occurring satisfactorily.

Anecdotally, Kully (2000, 2002) reports the use of telehealth for initial treatment and maintenance support for adult subjects living in rural Alberta, Canada. We also had similar positive experiences with four subjects who became temporarily isolated from our clinic during the initial trial of the Camperdown Program (O'Brian et al., 2003).

The Camperdown Program also contains some PS treatment process innovations that make the treatment particularly suitable for telehealth adaptation. Specifically, (1) the PS instruction process is simplified by the use of a video exemplar, (2) programmed instruction is eliminated, and (3) clinical measurement is transferred from clinician to client via the use of self-measurement scales.

In summary, there are compelling reasons to develop a telehealth adaptation of the Camperdown Program: (1) The speech outcomes from this version of PS treatment are the best reported to date; (2) The nature of the treatment itself is ideally suited to telehealth adaptation; (3) Dramatic improvements are possible in the efficiency of clinician and patient time usage, and the usage of treatment infrastructure; and (4) A telehealth version of the treatment might redress the historical decline in Australian public treatment services for those who stutter.

Consequently, at the ASRC we have developed a telehealth version of the Camperdown Program which uses mostly off-line teaching strategies with on-line (telephone) strategies introduced only when and if required. We are currently conducting a Phase II trial of the program. If this is successful we intend to follow with a Phase III randomised controlled trial.

Sue O'Brian

Download the Lidcombe Program Manual and the Camperdown Program Manual at www.fhs.usyd.edu.au/asrc

REFERENCES

Harrison, E., Wilson, L., & Onslow, M. (1999). Distance intervention for early stuttering with the Lidcombe Program. *Advances in Speech Language Pathology, 1*, 31-36.

Kully, D. (2000). Telehealth in speech pathology: Applications to the treatment of stuttering. *Journal of Telemedicine & Telecare, 6 (Suppl 2),* 39-41.

Kully, D. (2002). Focus on technology. Venturing into telehealth: applying interactive technologies to stuttering treatment. *ASHA Leader 7,* 6-7.

O'Brian, S., Cream, A., Onslow, M., & Packman, A. (2000). Prolonged Speech: An experimental attempt to solve some nagging problems. *Speech Pathology Australia Conference Proceedings, Adelaide.*

O'Brian, S., Cream, A., Onslow, M., & Packman, A. (2001) A replicable, nonprogrammed, instrument-free method for the control of stuttering with Prolonged Speech. *Asia Pacific Journal of Speech, Language and Hearing*, 6, 91-96.

O'Brian, S., Onslow, M., Cream, A., & Packman, A. (2003). The Camperdown Program: Outcomes of a new prolonged-speech treatment model. *Journal of Speech, Language and Hearing Research*, *46,* 933-946.

Project for Rural Health Communications & Information Technologies. (1996). Telehealth in rural and remote Australia. Moe, Victoria, Australia: Monash University, Australian Rural Health Research Institute.

Australian Stuttering Research Centre
Faculty of Health Sciences
The University of Sydney
PO Box 170
Lidcombe NSW 1825
Australia

Phone: 61 2 9351 9061
Fax: 61 2 9351 9392
Email: asrc@fhs.usyd.edu.au
Website: www.fhs.usyd.edu.au/asrc

Ask us a question

Question: The Lidcombe Program and the Camperdown Program are said to be non-programmed. What does this mean exactly?

Programmed instruction involves moving through a series of small graduated steps in order to be able to produce—to use the appropriate jargon—the required or terminal behaviour. In the case of treatments for stuttering, the required behaviour is typically reasonably natural-sounding stutter-free speech. A detailed description of programmed instruction can be found in Costello (1977).

An example of stuttering treatment for children that is based on programmed instruction is Gradual Increase in Length and Complexity of Utterance (GILCU) (Ryan, 1974). Children are praised for producing progressively longer stutter-free utterances in reading, monologue, and conversation, starting with single words and moving up to five minutes of speech. If the child stutters while trying to do any of these steps, the clinician stops the attempt. If the child consistently does not succeed at a step, a branching procedure is implemented until the child is able to return to the programmed steps.

The Lidcombe Program also involves verbal contingencies—in other words, comments—for stutter-free speech and for stuttering. However, the Lidcombe Program does not include programmed instruction. There are no predetermined steps in the Lidcombe Program as there are in GILCU.

Behavioural treatments for stuttering in adults have also traditionally involved programmed instruction, such as the systematic instatement of stutter-free speech through the shaping of a slow, drawling speech pattern (Prolonged Speech or variants of it) that is known to suppress stuttering (see Ingham, 1984). These programs usually involve systematic increases in speech rate, with participants again needing to complete each step without stuttering to move on to the next one.

In the Camperdown Program participants also use prolonged speech to suppress their stuttering. However, as in the Lidcombe Program, the desired behaviour (reasonably natural sounding stutter-free speech) is achieved without programmed instruction. A laboratory study had indicated that programmed instruction might not be necessary to achieve this (Packman, Onslow, & van Doorn, 1994). As in the laboratory experiment, participants in the Camperdown Program simply imitate a video exemplar (downloadable from our website) of slow prolonged speech, and are then instructed to use whatever features of this speech pattern they feel they need to speak without stuttering.

Another non-programmed feature of both the Lidcombe Program and the Camperdown Program is that they do not have a structured or hierarchical transfer phase. In the Lidcombe Program, for example, treatment happens where the problem happens, namely in naturalistic settings; consequently transfer is not an issue. However, both the Lidcombe Program and the Camperdown Program include a programmed maintenance phase, which is based on Ingham's (1980) procedure: Participants follow a performance-contingent schedule that ensures that treatment gains are maintained over time.

In short, non-programmed treatment means that participants do not need to progress through a set hierarchy of tasks. This has resulted in a significant decrease in clinical hours, for example, in the Camperdown Program. Non-programmed treatment can also be individualised for each participant and family. This is critical in the Lidcombe Program because it means that the speech pathologist and parent can ensure that treatment remains a positive and enjoyable experience for each child.

Isabelle Rousseau

REFERENCES

Costello, J. (1977). Programmed instruction. *Journal of Speech and Hearing Disorders, 17*, 3-28

Ingham, R. J. (1980). Modification of maintenance and generalization during stuttering treatment. *Journal of Speech & Hearing Research, 23*, 732-745.

Ingham, R. J. (1984). *Stuttering and behavior therapy: Current status and experimental foundations*. San Diego, CA: College-Hill Press.

Onslow, M., Packman, A. & Harrison, E. (Eds.) (2003). *The Lidcombe Program of early stuttering intervention: A clinician's guide.* Austin, TX: Pro-Ed.

Packman, A., Onslow, M., & van Doorn, J. (1994). Prolonged speech and the modification of stuttering: Perceptual, acoustic, and electroglottographic data. *Journal of Speech and Hearing Research, 37,* 724-737.

Ryan, B. (1974). *Programmed therapy for stuttering in children and adults*. Springfield, IL: Charles C. Thomas.

Continuing Professional Education in Stuttering

Teleconference

There is one teleconference remaining for 2004 and it is open to speech pathologists within Australia. Participants will be sent materials for discussion prior to the one-hour link-up with the presenter. Link-up time is 7pm Australian Eastern Standard Time. A minimum of two attendees at each teleconference site is required.

Timing of early intervention
Presenter: Ann Packman
Date: Tuesday 19th October
Registration deadline: 8th October

Please visit our website to download the registration form or contact the CPES Coordinator at a.ahern@fhs.usyd.edu.au or phone 02 9351 9061.