THE CAMPERDOWN PROGRAM TREATMENT GUIDE

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Camperdown Program Introduction

Updated in 2024

This version of the Camperdown Program is conceptually the same as the 2018 Camperdown Program Treatment Guide; however, some of the terminology and scales have changed, and some of the procedures have been simplified.

The *Stuttering Severity Scale* has been removed as a clinical process measure in favour of the client self-reporting satisfaction with stuttering control. This is because a measure of stuttering severity gives no indication of how comfortable the client feels about different amounts of stuttering. The client may be less concerned about stuttering in some situations, such as socially with friends, where it is more important just to enjoy the interaction. In other situations, such as in a job interview or when giving a presentation, controlling stuttering may be important.

Numbers have been removed from the *Fluency Technique Scale*. This is because some clinicians and clients found it difficult to know what the numbers meant. The Fluency Technique Scale now describes the amount of technique used: *none*, *minimal*, *half*, *three-quarter*, and *full*. This will be described in more detail later.

Speaking cycles are now introduced much later in the treatment process when the client learns to balance stuttering control and natural-sounding speech. Speaking cycles are linked to a *Plan-Do-Reflect* problem-solving sequence, which recurs during the treatment process, with *reflection questions* for the client to facilitate self-evaluation and self-management.

A step has been introduced before transferring stuttering control into real-world conversations. This step involves using only levels of technique that the client is comfortable with and practising some complex speaking tasks. These tasks are done either with a clinician during a consultation, or with a practice partner (anyone with whom the client is comfortable speaking) typically around the home environment.

Professional issues

Qualified clinicians

This treatment guide is intended for use by qualified speech pathologists. Speech pathologists are known by various terms throughout the world, which also include but are not limited to, *speech-language pathologist* (North America), *speech and language therapist* (United Kingdom, New Zealand), *speech language hearing therapist* (Japan), *LogopädIn/SprachtherapeutIn* (Germany), *orthophoniste* (France), *logopædagog* (Demark), and *logopedist* (Netherlands).

It is essential that a qualified speech pathologist trains, guides, and supervises adults and adolescents who are being treated with the Camperdown Program. This guide is not for use by other health professionals, nor by clients without the support of a qualified speech pathologist.

The Camperdown Program Trainers Consortium

Camperdown Program training for postgraduate clinicians is available from the Camperdown Program Trainers Consortium. The Consortium has members in Australia, New Zealand, England, and France, and provides training in those and other countries. For more information about training courses contact cpes@uts.edu.au.

Individual, intensive or group treatment

This guide will be applied most easily to clients who receive treatment during weekly in-clinic or telehealth consultations. Each consultation requires around 45–60 minutes. However, the Camperdown Program is conceptually rather than procedurally driven, and its fundamental concepts can be applied to intensive or group treatment or a combination of different formats.

Treatment overview

A behavioural treatment

The Camperdown Program is a behavioural treatment recommended for use with adults and older adolescents. (This guide concludes with a section about adapting the treatment for adolescents). The aim of the Camperdown Program is to give clients skills that allow them to control their stuttering to the extent that they find acceptable during their chosen everyday conversations. The program is a variant of speech restructuring.[1] Speech restructuring has a long history in stuttering treatment.[2] The Camperdown Program uses training examples to demonstrate and teach a fluency technique: speech spoken in a slow and exaggerated manner, which is shaped into more natural-sounding speech for everyday use. Key differences between the Camperdown Program and other speech restructuring programs are that (a) there is no programmed instruction, (b) the speech pattern is not described using terms such as "soft contacts," "continuous vocalisation," and "gentle onsets," and (c) stuttering severity is not measured. An overview of the laboratory research from which the Camperdown Program developed, and the clinical trial evidence that supports it, is available in an open-access publication.[2] The Camperdown Program is suitable for use with mild, moderate, or severe stuttering.

Assessment

Prior to beginning the Camperdown Program, the clinician should assess the client's stuttering and related difficulties, drawing on recommended procedures[3] as needed. After treatment, some, or all, of these assessments may be repeated. The Camperdown Program is only suitable for those clients whose primary goal is learning strategies to control stuttering. If a client's primary goal is different from this, then another treatment may be more suitable. Research about what clients require from treatment indicates that control of stuttering is a common goal.[4,5,6,7,8]

Social anxiety management

Treatment consultations during any stage of the Camperdown Program—commonly during Stage 6—can incorporate social anxiety management procedures as needed. A cognitive behaviour therapy tutorial is available for clinicians who feel confident to provide anxiety management for clients who stutter.[9] Additionally, an online social anxiety treatment for adults who stutter, iGlebe, is available free of charge from the resources page of the Australian Stuttering Research Centre. This can be used by the client alone or with the assistance of the clinician.

Client-managed procedures

Throughout the program, the client should be encouraged to determine their own treatment goals, with regular self-evaluation of progress toward those goals. The clinician's role is to facilitate this process. The client initially learns to evaluate their stuttering control and problem-solve within the treatment environment, and then they do this during their everyday conversations. They learn to establish, evaluate, and alter their practice activities in response to everyday speaking challenges, as well as to identify and react to personal or environmental variables that increase or reduce their stuttering.

Program stages

The Camperdown Program has seven stages:

- Stage 1: Camperdown Program overview
- Stage 2: Learning the fluency technique
- Stage 3: Refining the fluency technique
- Stage 4: Natural-sounding speech
- Stage 5: Preparing for real-world speaking
- Stage 6: Speaking in the real world
- Stage 7: Managing stuttering long-term

Resource materials

Related written and audio materials for the Camperdown Program are available on the [Camperdown Program resources page](#) of the Australian Stuttering Research Centre website.

All diagrams and written treatment materials used in this treatment guide are also reproduced in the Appendices for ease of access. Clinicians can show these diagrams to clients during treatment consultations, either in printed form or on screen.

Stage 1: Camperdown Program Overview

The clinician will have previously assessed the client's stuttering and related difficulties. Stage 1 is then an opportunity for the clinician to describe the program and its requirements. The clinician and client discuss individual goals and expectations for stuttering reduction.

Many of the points below will have been mentioned during assessment when determining that the Camperdown Program is suitable for the client. However, during Stage 1, there is more opportunity for discussion of the following points:

- The fluency technique as a mechanism for stuttering control, not as a cure for stuttering
- The stages of the program
- The need for regular practice of the fluency technique and the strategies learnt throughout the program
- The likely time commitment when undertaking the program
- Self-evaluation and self-management
- The importance and selection of a practice partner with whom speech practice can occur
- Realistic expectations about balancing stuttering control and natural-sounding speech
- Anxiety management.

Stage 2: Learning the Fluency Technique

Overview

During Stage 2 consultations, the client will learn to produce an individualised fluency technique using the *Camperdown Program Training Examples*. Different examples can be downloaded from the [Camperdown Program resources page](#). The client will

listen to an audio recording of one or more of the training examples, and attempt to reproduce this fluency technique as closely as possible. The aim is to feel totally in control of stuttering while using the fluency technique at this level. The client should be reassured here and throughout the early stages of treatment that this is a first step, and that natural-sounding speech is the purpose of treatment.

Learning the fluency technique

Introducing the fluency technique

The clinician should explain how and why a fluency technique is used, stressing that the purpose is to use a modified version of the training example that sounds reasonably natural during everyday talking. The client will then listen to one or more of the training examples, silently reading along with the accompanying text (see Appendix A and B). The clinician should stress that the example uses normal pitch and volume and relaxed and regular breathing. The client is asked to describe the training example. The client description may include terms such as "slow rate", "words running together", "slurred or unclear sounds", "stretching the vowels", or "easing into words". Subsequently, the clinician should use the client terminology for future discussion and feedback.
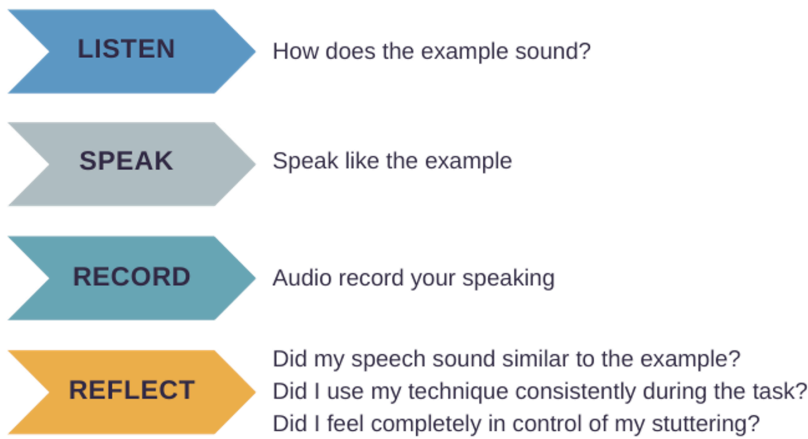
Reading in unison with the training example

After listening to the training example several times, the client and clinician will read the text in unison with the training example, imitating the technique as closely as possible. The client should be reminded to speak in a manner consistent with their description of the training example.

Reading the passage independently

The client will then read the passage independently, one sentence at a time, after either the clinician's model or the training example. For this, the passage may be broken into phrases or short segments. The client should be told that there is no need to breathe in the same place as in any of the examples. Each client attempt is audio recorded, and the clinician should give feedback after the client has evaluated their own attempt using their self-appointed terms for the speech pattern.

The client is introduced to the following process (see Appendix C):

LISTEN	How does the example sound?
SPEAK	Speak like the example
RECORD	Audio record your speaking
REFLECT	Did my speech sound similar to the example? Did I use my technique consistently during the task? Did I feel completely in control of my stuttering?

The aim of this process is for the client to read the entire passage independently, sounding like the example, with no stuttering, and feeling completely in control of stuttering.

Independent practice

From the [Camperdown Program resources page](#), the client can download the training example to a digital device, for practice between treatment consultations. Audio recordings of the client's attempts at imitation are made for self-evaluation and to present for discussion with the clinician at their next consultation.

The client does not progress to using the technique in different speaking tasks unless they are consistently answering "yes" to the following reflection questions, also shown in the diagram above:

- Did my speech sound similar to the training example?
- Did I use my technique consistently during the task?
- Did I feel completely in control of my stuttering when using my technique?

At this basic level, it is essential for the client to develop a technique that completely controls stuttering before progressing further. For clients who have had no previous speech restructuring treatment, learning the fluency technique will likely take several sessions. However, for those who have done speech restructuring treatment in the past, this process may be briefer.

Using the fluency technique in different speaking tasks

Next, the client practises using the new (very unnatural) fluency technique in different speaking tasks, organised in a hierarchy from easiest to most difficult for them. The following hierarchy is a general guide only. Some clients find some tasks easier than others.

- Reading any written material aloud

- Describing pictures or photographs

- Talking in monologue about a simple topic

- Having short question-and-answer sessions with the clinician

- Having a conversation with the clinician.

Clients answer the reflection questions each time they practise a new task:

- Did my speech sound like the training example?

- Did I use my technique consistently during the whole task?

- Did I feel completely in control of my stuttering when using my technique?

It is essential at this stage for the client to continue to speak slowly and unnaturally and to continue to feel completely in control of stuttering. It is also important for the clinician to use their typical manner of speaking when talking to the client during this process, apart from when they demonstrate the fluency technique.

Independent practice

The fluency technique can be practised at home with and without the training example, using the hierarchy above. The client should be encouraged to use the unnatural fluency technique while conversing with a practice partner. Audio recordings of the client's speaking attempts should be made for self-evaluation and to present for discussion with the clinician at their next consultation.

Criteria for moving to Stage 3

Before progressing to Stage 3, the client demonstrates the ability to use a very unnatural fluency technique, feeling completely in control of their stuttering, while conversing with the clinician for 15–20 minutes.

Stage 3: Refining the Fluency Technique

Overview

During Stage 3, the client gradually and systematically learns to shape their unnatural-sounding stutter-free speech into more natural-sounding speech while still feeling in control of stuttering. The aim is to develop an individualised, reasonably natural-sounding fluency technique which controls stuttering while talking with the clinician. There is no expectation that this fluency technique will be used in everyday speaking yet.

The Fluency Technique Scale

The client should be shown the Fluency Technique Scale below (see Appendix D) and introduced to the different amounts of technique. The clinician and client will use these levels during treatment consultations.

Amount of Technique

| None | Minimal | Quarter | Half | Three-quarter | Full |
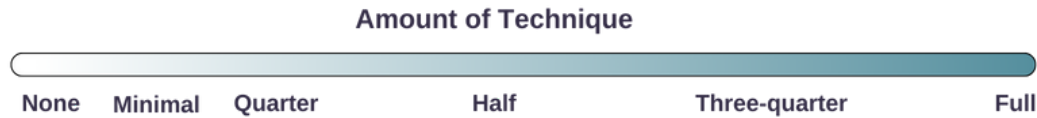
The client should be told that how they have been speaking so far is known as *full technique* while using no technique at all is known as *none*. Movement along the scale from full to *minimal technique* gradually reduces the amount and the strength of the technique features used—it does not mean that the amount of time the technique is used is reduced. *Three-quarter technique* is rarely used other than as a useful practice level. The clinician demonstrates the various technique levels. *Half technique* retains many of the features of full technique and sounds quite unnatural. *Quarter technique* is likely to sound reasonably natural to most people. Minimal technique involves very little technique and is not necessarily used by all clients because it may not be enough to comfortably control stuttering.

The clinician should explain that all these terms and concepts will be explored more as the client progresses. Different recordings demonstrating full, half, quarter and minimal technique can be downloaded from the [Camperdown Program resources page](#). It is essential that clinicians feel confident and comfortable using all levels of technique themselves with their clients. It is also important for clients to understand that they won't sound exactly the same as the examples. At this stage, it is more important for them to consistently feel in control of their stuttering.

Learning and practising half technique

The client will listen to the clinician demonstrating half technique as well as the audio examples of half technique found on the [Camperdown Program resources page](#). The client gradually and systematically practises half technique in these more difficult speaking tasks. The clinician should give feedback using the client's self-appointed terms to describe the training example. For each attempt, the client is encouraged to follow the *Listen-Speak-Record-Reflect* sequence (see page 6) to evaluate their speaking attempts using half technique.

Independent practice

Half technique can be practised at home using the website audio examples as a guide. Clients should be encouraged to practise half and full technique while speaking with a supportive practice partner, but not yet in everyday speech. This practice occurs in a hierarchy of speaking tasks as outlined below:

- Reading aloud
- Describing pictures or photographs
- Talking in monologue about a topic
- Having short question-and-answer sessions with a practice partner
- Having a conversation with a practice partner.

Audio recordings of the client's speaking attempts are made for self-evaluation and to present for discussion with the clinician at their next consultation.

Moving to quarter technique

Clients do not progress to practising quarter technique unless they are consistently answering "Yes" to the following reflection questions:

- Did my speech sound similar to the half technique examples?
- Did I use half technique consistently during the speaking tasks?
- Did I feel completely in control of my stuttering when using half technique?

At this level, it is essential for clients to develop a technique that completely controls stuttering before progressing further.

Learning and practising quarter technique

The client will listen to the clinician demonstrating quarter technique using the training text reading passage and then attempt to imitate this. The client will then practise quarter technique for other speaking tasks: a new reading passage, picture description, monologue, and conversation. Examples can be found on the [Camperdown Program resources page](). The client ultimately needs to be able to use quarter technique in all these speaking tasks. The clinician gives feedback using the client's self-appointed terms for the fluency technique (see page 6). After each attempt, the client is encouraged to follow the Listen-Speak-Record-Reflect sequence (see page 6).

Independent practice

Quarter technique can be practised at home using the downloadable audio samples as a guide. This practice occurs systematically in the speaking tasks above. The client should also be encouraged to practise all fluency technique levels (full, half, quarter) alone, as well as with a supportive practice partner. Audio recordings of the client's speaking attempts are made for self-evaluation and to present for discussion with the clinician at their next consultation.

Criteria for moving to Stage 4

There is no expectation that quarter technique will be used in the real world. However, clients do not progress to the next stage unless they are consistently answering "Yes" to the following reflection questions during home practice and practice with the clinician:

- Did my speech mostly sound similar to the quarter technique examples?
- Did I use quarter technique consistently during speaking tasks?
- Did I feel completely in control of my stuttering when using quarter technique?

Because Stage 4—natural sounding speech—is a big change, it is essential for the client to use a technique that completely controls stuttering before progressing further. This may take longer than it did to perfect earlier technique levels.

Stage 4: Natural-Sounding Speech

Overview

During Stage 4, the client aims to sound as natural as possible while still controlling stuttering at a comfortable level. There is still no expectation that clients will use their fluency technique in everyday speaking. The client is introduced to *minimal technique, speaking cycles,* and *the thinking process* to improve their self-evaluation and problem-solving skills. The purpose of Stage 4 is to develop a solid natural-sounding fluency technique as a foundation for stuttering reduction. Many speaking cycles will be needed before the client finds an individualised fluency technique they are happy with and subsequently moves to the next stage of the program. There are no pre-determined targets; the client determines what they want to achieve in their everyday speaking.

Minimal technique

The clinician should introduce the concept of minimal technique by referring to the Fluency Technique Scale (see page 8) and demonstrating how minimal technique sounds. There are audio examples of minimal technique on the [Camperdown Program resources page](#). It often helps for the clinician to contrast minimal technique with quarter technique. The clinician should stress that no two people will sound the same when using minimal technique. The clinician indicates that, at the end of this stage, the client will have developed an individualised and reasonably natural-sounding technique to comfortably control their stuttering. The clinician should also discuss the fundamental trade-off between the amount of technique used and how much stuttering control occurs, and how this may vary in different situations.

Speaking cycles

The client is introduced to the three steps of a speaking cycle (see Appendix E). These cycles occur repeatedly at this stage of the program. The purpose of these cycles is (a) to attain speech that sounds as natural as possible and controls stuttering enough to meet the client's goals and (b) to develop problem-solving skills for everyday speaking. The following Plan-Do-Reflect speaking cycle recurs throughout the Camperdown Program.
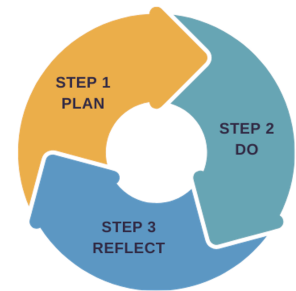
Step 1: Plan

The client plans a speaking task as follows:

- The client chooses how much fluency technique—full, half, quarter or minimal—to use for comfortable stuttering control. The client provides a justification for their choice.
- The client chooses a speaking task, gradually increasing the complexity, and again justifies their choice. Speaking tasks can be reading, picture description, talking aloud, conversation with their clinician, or any other task that seems reasonable.
- The client decides how long to speak for and gives a reason for their choice. One or two minutes may be chosen initially, gradually increasing to around five minutes or longer. To progress to Stage 5 of the program, speaking for five minutes or longer is needed to demonstrate sustained stuttering control.

It is essential for the client to practise full technique every few cycles to reinforce a solid fluency technique. Apart from that, there are no correct choices for planning a speaking task; the clinician should just be seeking well-justified choices.

For example, (a) a client may plan to use minimal technique during reading, and only for only one or two minutes because it is the first attempt at minimal technique. This plan—keeping the task simple and the speaking duration short—increases the chance of achieving a comfortable reduction of stuttering using minimal technique; (b) a client may plan to use half technique for five minutes while describing pictures because the client has not practised for a while and needs to strongly reinforce their fluency technique. In this case, using more technique for a longer speaking time will help to consolidate stuttering reduction; (c) a client may plan to use quarter technique during a conversation for a few minutes. This plan might occur if a conversation using only minimal technique did not comfortably control stuttering. There are no correct or incorrect choices, only a sensibly justified plan, which is moving them towards their ultimate goals.

Step 2: Do

The client does the planned speaking task. This is audio recorded, and then the clinician and client listen to the recording together. When practising the fluency technique at home, the client listens alone or with a practice partner.

Step 3: Reflect

The client evaluates their speaking using the following reflection questions:

- Did I use as much technique as I planned?
- Did I use my technique consistently during the speaking task?
- Was I mostly in control of my stuttering?
- Would I be comfortable sounding like this in the real world?

Based on this evaluation, the client decides what to do for their next speaking cycle:

- What will I do for the next cycle, and why?

The thinking process

The above reflection questions drive the thinking process during Stage 4. They prompt the client to think about how much fluency technique is needed to reduce stuttering to a comfortable level during different speaking tasks. The client learns to modify the amount of fluency technique needed to achieve different levels of stuttering control in different situations. For example, if the client felt there was too much stuttering in a

particular situation, the options are to either (a) modify the amount of technique used in that situation or (b) practise in easier situations until better control is achieved. As the client does more practice and begins to sound more natural, the client also begins to think about how comfortable they might be using their fluency technique in everyday conversations. The process is to practise speaking in a way that controls their stuttering to the extent the client wishes, while gradually increasing the naturalness of their fluency technique.

Independent practice

When the client understands the speaking cycles and the thinking process, they can do speaking practice with a practice partner between treatment consultations. A speaking cycles form that can be used to assist clients to move through speaking cycles at home can be found in Appendix F or downloaded as an eForm or pdf from the [Camperdown Program resources page](#).

Criteria for moving to Stage 5

Clients do not progress to Stage 5 unless they are consistently answering "yes" to the following clinician questions about home and clinic practice:

- Have you practised speaking using a variety of fluency technique levels?
- Have you practised speaking in a variety of tasks?
- Did you typically use as much technique as you planned?
- Did you typically use your fluency technique consistently?
- Were you mostly in control of your stuttering when using a comfortable amount of technique?

During Stage 4 there is still no expectation that clients will use their fluency technique in everyday speaking.

Stage 5: Preparing for Real-World Speaking

Overview

Stage 5 prepares the client for speaking in the real world by engaging in more complex conversations and attempting to use only minimal or quarter technique to control stuttering. Practice is still only done with the clinician or practice partner while sounding reasonably natural and still controlling stuttering. A practice partner is essential during Stage 5. The speaking cycles format outlined above is still used. The emphasis remains on self-evaluation and problem-solving skills.

Speaking cycles

The sequence of speaking cycles continues as presented in Stage 4: Plan-Do-Reflect. The reflection question "Would I be comfortable sounding like this in the real world?" is particularly relevant during Stage 5. It focuses the client on using only as much technique as necessary for stuttering control, and it establishes expectations for the real-world tasks in Stage 6. With that in mind, the client mainly practises minimal or quarter technique. The complexity of speaking tasks increases, and speaking in conversations occurs with a practice partner, although mainly in the home environment. More technique and simple tasks are only used to consolidate the technique at the beginning of a practice session or to re-establish a sound technique in anticipation of a more difficult task.

Practice tasks

The clinician and client design challenging practice conversation tasks, keeping in mind the client's everyday interests and needs. The following are suggestions of conversation tasks to perform at home with a practice partner:

- Making a phone call to a familiar person
- Using technique during an extended conversation
- Moving from minimal, to quarter, to no technique
- Moving from no technique, to minimal, to quarter technique
- Having the practice partner talk quickly, talk over the client, or interrupting the client
- Having the practice partner ask questions repeatedly
- Conversing while doing another task, such as answering emails or housekeeping
- Conversing with background distractions, such as music or television.

The following are suggestions of conversation tasks to perform outside the home with a practice partner:

- Conversing in different locations, such as while walking on a busy street or in a shopping centre
- Conversing with environmental distractions, such as on public transport, or in a restaurant, café, or bar.

Criteria for moving to Stage 6

The client does not progress to Stage 6 unless they are consistently answering "yes" to the following clinician questions during home practice and practice with the clinician:

- Did you typically use as much technique as you planned?
- Did you use your fluency technique consistently?
- Were you mostly in control of your stuttering when using an acceptable amount of fluency technique?
- Would you be comfortable talking like that in everyday situations?

Stage 6: Speaking in the Real World

Overview

During Stage 6, the client learns to control stuttering in increasingly more challenging real-world conversations. The clinician prepares the client for the challenges that everyday conversations present; they are less predictable, there are more distractions, the content itself may be challenging, and the client may be anxious about stuttering or using their fluency technique. The client is introduced to factors that may impact on speaking success: speech practice, cognitive demands, and anxiety. These are discussed in more detail below. The client learns ways to address these issues with an individualised hierarchy of speaking situations.

The number of Stage 6 consultations will vary according to stuttering severity, previous treatment, commitment to and completion of regular speech practice, regularity of weekly consultations, individual goals, and the presence of speech-related anxiety. Sessions become less frequent as the client gains confidence and success with everyday speaking.

A Stage 6 consultation usually consists of the following components, not necessarily in this order:

- Confirmation of fluency technique
- The speaking situation hierarchy
- Client problem solving
- Task deconstruction
- Review and revision of practice routine
- Discussion of the client's general stuttering control
- Planning and summarising treatment changes

Confirmation of fluency technique

Throughout the consultation, the goal is for the client to be mostly in control of stuttering while using a comfortable level of fluency technique. A short conversation with the client establishes if this is the case. This is an essential conversation because if the client is unable to comfortably control stuttering with the clinician, the client is also unlikely to do so in the more challenging conversations of everyday life.

If the client is unable to satisfactorily control stuttering using a natural-sounding technique with the clinician, the slightly modified reflection questions are used to determine, with assistance from the clinician, what needs to change, and how to do this:

- Did you use as much technique as you planned?
- Did you use fluency technique consistently during the speaking task?
- Were you mostly in control of your stuttering?
- Were you comfortable with the way you sounded?
- What will you do now and why?

The emphasis on self-evaluation and problem solving remains, so that the client takes responsibility for the problem solving and minimises reliance on the clinician. If necessary, the remainder of the consultation may need to be spent with problem solving and re-designing appropriate practice tasks to re-establish stuttering control before focusing on everyday speaking conversations again.

The speaking situation hierarchy

An individualised hierarchy of speaking situations is established for each client. The hierarchy is designed to move gradually toward using the fluency technique to control stuttering in desired situations. The hierarchy is based on a sequence of *simple*, *trickier*, and *challenging* conversations. The client progresses through the three levels based on their confidence with stuttering control at each level. The rate of progression through these levels will vary for each client and may take weeks or months. The order and manner in which such situations are targeted will be influenced by the underlying reason for the difficulty in that situation, not by pre-determined ideas about which situations are easiest and hardest for the majority of clients. The speaking situations chosen at each level are based on client lifestyle, taking account of work and social life, and any social anxiety in these situations. The hierarchy situations are revised, as necessary, during weekly consultations.

Simple conversations

These will typically be short conversations with non-challenging people and without distractions or pressure. Examples are talking to family, close friends, children, a local shop assistant, or a close work colleague. These conversations can be face-to-face or by phone.

Trickier conversations

These will typically be longer conversations in situations with more than one person, or perhaps with several people, requiring more complex topics and language, and involving some distractions or pressure to speak quickly. Examples are dinner with friends, work meetings, complex phone enquiries, and discussions with work salespeople. Situations could also involve a monologue, such as giving a short presentation in a work or teaching context.

Challenging conversations

These conversations will include a full range of everyday speaking situations involving larger numbers of people, strangers, difficult people, people of authority, distracting environments, or pressured environments. Examples are meeting new people, job interviews, work or university presentations, telling jokes, trying to impress someone socially, and speaking about important or sensitive topics.

Client problem solving

It is essential for the client to do any required problem solving before, during, and after each practice speaking task. Where possible, audio recordings of the client's speaking attempts in some of the situations are made for self-evaluation and to present for discussion with the clinician at their next consultation. The client continues to use the Plan-Do-Reflect sequence during this stage of the program, justifying each decision made. The client uses the following reflection questions to plan the next task:

- Did I use as much technique as I planned?
- Did I use my technique consistently during the speaking task?
- Was I satisfied with my stuttering control in that situation?
- Was I comfortable with the way I sounded?
- What will I do differently next time, and why?

Task deconstruction

When difficulties arise, it can be useful to help the client deconstruct a difficult conversation into separate components, which can be practised more easily. They can

then be gradually reconstructed into the original task. For example, it may be initially challenging to speak in a noisy bar with a group of friends about a controversial topic; therefore, the client could (a) practise speaking in a noisy environment with just one familiar person, (b) practise speaking with several people but in a quiet environment, and (c) practise discussing a controversial topic with a close friend or family member at home. When the client is comfortable doing these tasks separately, they can be reconstructed into the more difficult original task.

Review and revision of practice routine

The clinician reviews the client's fluency technique practice routines. The type and amount of fluency technique practice recommended between Stage 6 consultations will vary according to client routines, goals, and treatment progress. The practice needs to be appropriate for the client's progress at the time, and it needs to be constantly re-evaluated to make sure it is achieving the desired goals. Where possible, fluency technique practice is best integrated into daily routines to minimise time dedicated specifically to practice. It is also useful for the client to audio record and evaluate practice attempts for problem solving and future goal setting. Each week, the client should be doing two kinds of practice: *Basic Skills Practice* and *Real-World Practice.*

Basic Skills Practice

This is designed to consolidate the fluency technique in different but simple tasks that are similar to those where it was originally learnt. The client needs to practise the technique at different levels: full, half, quarter, and minimal. Some of these tasks can be done alone by the client, and some require another person, but the task itself should never be particularly challenging. The point is for the client to feel totally in control of stuttering. There is no expectation that this practice will be done in real-world situations. The key is variety, making sure to change the task and the technique level frequently. The aim is to do some of this type of practice daily or at least several times a week for 15–20 minutes each time. See Appendix G for examples of Basic Skills Practice.

Real-World Practice

This is where the client uses the fluency technique in specified real-world conversations. The purpose is to challenge the client's fluency technique more than Basic Skills Practice, but it can be relatively simple or much more challenging, as described in the hierarchy on page 17. These conversations will always involve at least

one other person. The client should plan the conversation and the technique level ahead of time and then evaluate their speech afterwards using the reflection questions on page 18. Again, variety is the key. The aim is to practise several of these conversations daily. See Appendix H for examples of Real-World Practice.

Discussion during each weekly consultation focuses on what and how much practice a client has done during the previous week and whether it was appropriate and relevant to the stage of progress. A form to document practice (Camperdown Program Speech Practice Plan) can be found in Appendix I or downloaded as an eForm or pdf from the [Camperdown Program resources page](#).

Discussion of the client's general stuttering control

Each week, discussion with the client centres around responses to more general questions. Some examples are as follows:

- In simple, trickier, or challenging speaking situations (depending on progress), has the client been mostly in control of their stuttering?
- If not, why not? Have any of the three issues outlined below affected performance?
- Has the client mostly been using an acceptable amount of technique? Has this been adequate to satisfactorily control stuttering?
- Was the client comfortable using technique in everyday speaking? Is a compromise between speech naturalness and stuttering control needed?

Issues affecting stuttering control can generally be categorised into (a) issues with practice, (b) issues with complexity of the speaking situation, or (c) anxiety-related issues, or they can involve any combination of these. Any of these issues should be discussed with the client to determine if they are affecting progress. Together, the clinician and client should then devise a strategy to overcome any issues.

Issues with practice

- Lack of practice due to a busy life, illness, forgetfulness or lack of motivation
- Inappropriate practice when the tasks are too simple, too difficult, or not varied enough
- Not speaking with another person for at least some practice tasks
- Not planning well and not evaluating results critically.

Issues with complexity of the speaking situation

- Time pressures, such as needing to give quick responses to questions or make a timely comment during meetings
- Topic content, such as emotional or controversial subjects or discussions involving difficult concepts
- Linguistic complexity, such as the use of technical language
- Multi-tasking, such as taking notes in meetings while speaking
- Distractions, such as loud background noise.

Anxiety-related issues

These issues can involve client apprehension about using an unnatural-sounding fluency technique, frustration at not being able to express themselves easily, or they may be related generally to social anxiety about stuttering. Resources for dealing with social anxiety are presented on page 4.

Planning and summarising treatment changes

Discussion during the consultation will determine how tasks for the coming week are modified. As always, the clinician should lead clients into making these decisions themselves. The consultation will conclude with a summary of planned tasks for the coming week along with the reasons for those changes and how their effects will be evaluated. For many clients, it helps to have these points in written form.

There are no pre-determined criteria for progressing to Stage 7. It occurs when the clinician and client judge that the client's progress during Stage 6 warrants that progression.

Stage 7: Maintaining Treatment Gains Long-Term

During Stage 7, consultations become less frequent according to client need. The client learns to consolidate problem-solving skills to maintain, for the longer term, a balance between a comfortable amount of stuttering and the naturalness of fluency technique in everyday conversations. The client also learns to deal with any increase in stuttering. The client should be reassured that when acquiring and using a new skill such as stuttering control, there are days when using that skill is easy and days when it is not. The three key points for keeping stuttering under control as needed are:

- Having an appropriate speech technique practice routine
- Being aware of factors that may influence the ability to control stuttering
- Detecting and reacting quickly and appropriately to difficulties.

Clients should be encouraged to use the problem-solving skills they have developed during the program. Attendance at local self-help group meetings for people who stutter, and maintenance days conducted by such organisations, can be useful for some clients during Stage 7. If anxiety becomes a problem, clients can access *iGlebe, an online social anxiety treatment for adults who stutter* (see page 4).

Discharge from treatment is negotiated between the clinician and the client when the client can demonstrate sustained:

- Skills for monitoring speech and controlling stuttering

- Capacity to deal with fluctuations in stuttering control

- Attainment of personalised goals for stuttering treatment.

The Camperdown Program for Adolescents

If a clinician decides to use the program with an adolescent, few modifications are needed. Different versions of the audio training example, demonstrated by adolescents, are available on the Camperdown Program resources page. Parents of adolescents will usually be involved in treatment. The extent and nature of parent involvement will vary according to the age and organisation/cognitive/problem-solving skills of the adolescent, the adolescent-parent relationship, and parent availability. Activities to elicit or reinforce fluency technique practice are no different from those that clinicians would usually use for adolescent clients in the clinic or via telehealth. These include using resources such as games, books, and websites to prompt conversation; using age-appropriate texts for reading practice; and choosing practice tasks that are relevant and motivational for the adolescent. Self-management may not be a realistic goal for some adolescent clients. Regardless, they need to be included in every part of decision making during treatment with the Camperdown Program, including whether the program is suitable for them.
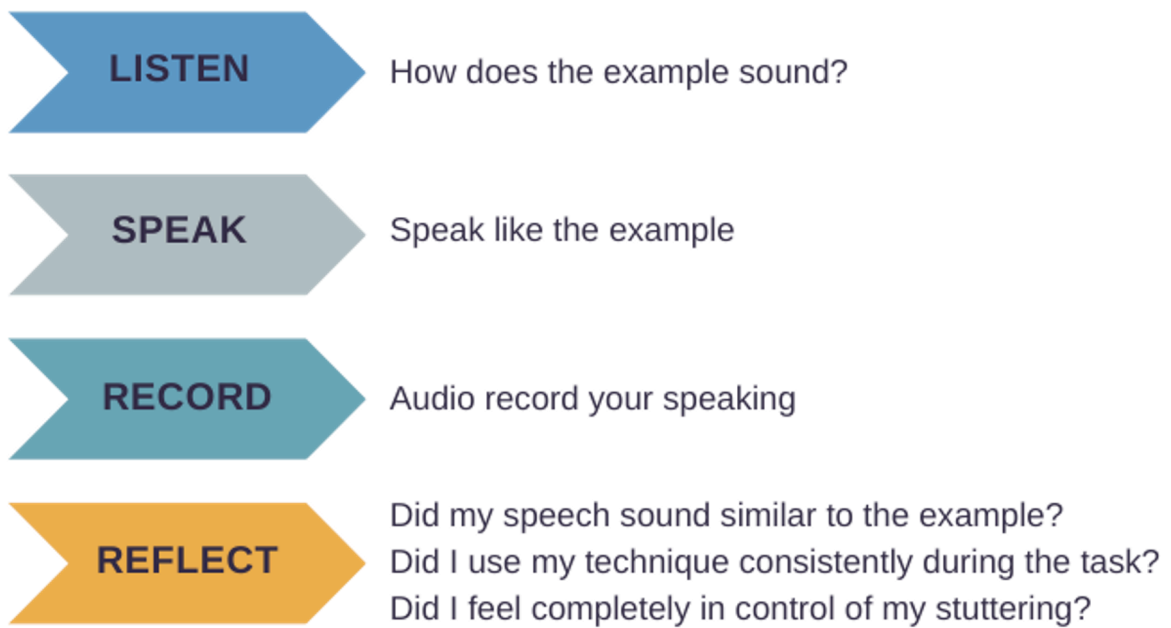
Acknowledgements

Appendix A: Training Example - A Morning Walk

Walking down the winding path, I notice the glistening ocean. Getting closer, I feel the powdery sand under my feet. It's early morning and the air is still refreshingly cool. The beach is empty, apart from a man who is walking his dog. I breathe deeply and enjoy the quiet.
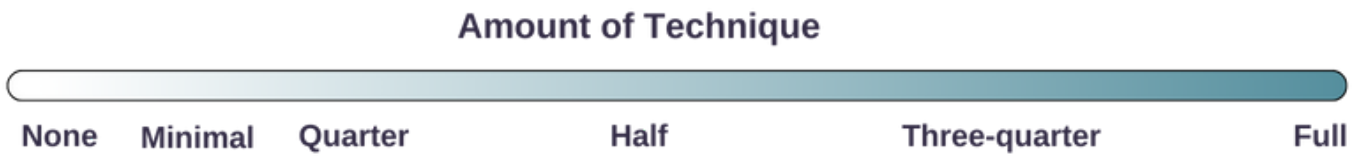
Appendix B: Training Example - The Game

The scores were even with only minutes left 'til half-time. Anticipation and frustration were building. With only minutes left, a fast move surprised the opposition, and a goal was scored. A sea of black-and-white supporters roared as the siren sounded. The game paused for refreshments and entertainment.

Appendix C: Learning the Fluency Technique

LISTEN — How does the example sound?

SPEAK — Speak like the example

RECORD — Audio record your speaking

REFLECT — Did my speech sound similar to the example?
Did I use my technique consistently during the task?
Did I feel completely in control of my stuttering?

Appendix D: The Fluency Technique Scale

Amount of Technique

None   Minimal   Quarter   Half   Three-quarter   Full

Appendix E: Three Steps of a Speaking Cycle

How much technique?
Why?
What speaking task?
Why?
What duration?
Why?

STEP 1
PLAN

STEP 2
DO

Speak
Record
Listen

STEP 3
REFLECT

Did I use as much technique as I planned?
Did I use my technique consistently during the task?
Was I mostly in control of my stuttering?
Would I be comfortable sounding like this in the real world?
What would I do differently next time? Why?
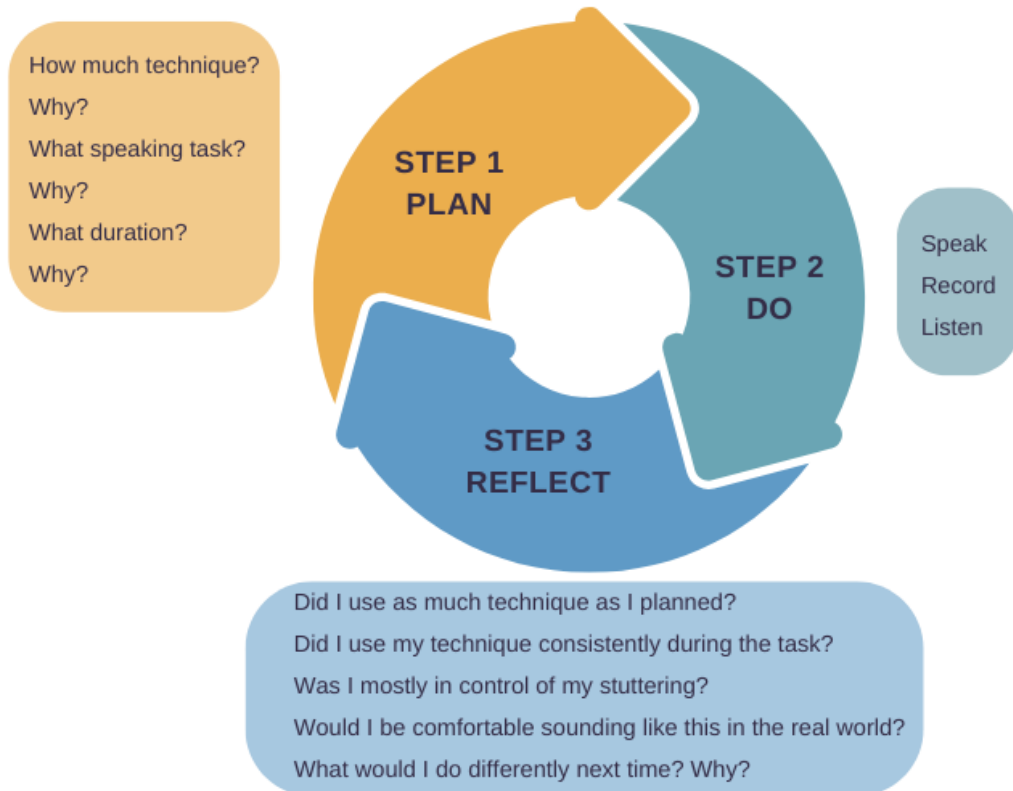
Appendix F: Camperdown Program Speaking Cycles Form

Camperdown Program Speaking Cycles Form

Date	Cycle	PLAN			DO	REFLECT			
		Amount of technique? WHY?	What task? WHY?	Duration? WHY?	Record my speech?	Did I use as much technique as I planned?	Did I use my technique consistently during the task?	Was I completely in control of my stuttering?	What would I do differently next time? Time for full technique practice yet?
	1								
	2								
	3								
	4								
	5								Time for full technique practice yet?
	6								
	7								
	8								
	9								
	10								Time for full technique practice yet?
	11								
	12								
	13								
	14								
	15								Time for full technique practice yet?
	16								
	17								
	18								
	19								
	20								Time for full technique practice yet?
	21								
	22								
	23								
	24								Time for full technique practice yet?

Appendix G: Examples of Basic Skills Practice

- Listen to an example of full technique, then use this technique level to read a passage or talk aloud.
- Vary the speaking activity (e.g., reading, picture description, simple conversation) while keeping technique level consistent.
- Vary the speaking activity (e.g., reading, picture description, simple conversation) using different technique levels.
- Practise moving from half to quarter to minimal technique during a speaking task, and then try the opposite, starting with no technique, and then introducing minimal then quarter technique.
- Complete a speech cycle as done during the program.
- Use fluency technique to read a book, describe a picture, or explain a news story to a practice partner.
- Designate a regular time, such as during dinner, to focus on using technique with a practice partner.
- Ask a practice partner to talk over or interrupt you when speaking at a chosen technique level to try to simulate a real situation.
- Plan a holiday with a practice partner at a chosen technique level.
- Play a game with a practice partner where as many questions as possible are asked or answered in a short period of time at a chosen technique level.
- Tell a joke to a practice partner at a chosen technique level.

Appendix H: Examples of Real-World Speech Practice

- Engage the checkout operator at a supermarket or shop in small talk.
- Phone a shop to make enquires about a product.
- Phone or call into a travel agent to talk about your next or your dream holiday.
- Make a booking at a hairdresser, doctor, dentist, or restaurant.
- Order food or drink in a café.
- Make small talk with other dog-owners or parents of small children at a local park.
- Call a friend to arrange a get-together.
- Chat over coffee with a friend.
- Engage a telemarketer or scam caller in a conversation.
- Make enquiries in a gym about membership.
- Phone in response to an advertisement about an item for sale.
- Engage a colleague with small talk about the weekend.
- Enquire at a cinema about film screening times and durations.
- Enquire at a train station about how to reach a destination, the fare, and the timetable.
- Ask a stranger for directions to a landmark, store, station, or street.

Appendix I: Camperdown Program Speech Practice Plan

Camperdown Program Speech Practice Plan

TYPE OF PRACTICE		DATE DETAILS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BASIC SKILLS PRACTICE		Task (reading, picture description, talking aloud							
		Amount of technique (full, half, quarter)							
		Duration (5mins, 10mins, longer)							
		By self/with support person							
REAL WORLD PRACTICE	SIMPLE	Conversation (situation, duration)							
		Amount of technique (quarter, minimal)							
		Reflection & suggestions for next time							
	TRICKIER	Conversation (situation, duration)							
		Amount of technique (quarter, minimal)							
		Reflection & suggestions for next time							

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