

Critical Review:

Does telehealth delivery of the Camperdown Program improve fluency measures for individuals who stutter?

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This critical review examines the current evidence regarding whether telehealth delivery of the Camperdown Program is effective in improving fluency measures for adults and adolescents who stutter. A search of the literature yielded four relevant papers, of which three were repeated measures designs and one was a randomized controlled trial design. These studies provide suggestive evidence that telehealth delivery of the Camperdown Program is effective with adolescents who stutter and compelling evidence that telehealth delivery is as effective as face-to-face delivery for adults who stutter. Clinical implications and recommendations for future research are discussed.

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Telehealth is the delivery of health care services through the use of information technology and telecommunication (O'Brian, Packman, & Onslow, 2008). As technology has advanced, the use of telehealth has been encouraged as an alternative to in-clinic delivery models by the World Health Organization (Lowe, O'Brian, & Onslow, 2014). The American Speech-Language-Hearing Association (ASHA) has deemed telehealth appropriate for delivery of speech-language pathology services (Mashima & Doarn, 2008). For individuals with difficulty accessing in-clinic services, due to disability, remoteness, transportation problems, or conflicting schedules, telehealth has the potential to provide an alternative means of accessing services (Lowe et al., 2014).

The application of telehealth in the treatment of individuals who stutter is of particular interest due to this population's need for long-term maintenance and follow-up and the scarcity of specialized stuttering treatment centres (Mashima & Doarn, 2008). Telehealth may be of additional benefit in Canada, given its relatively large landmass and comparatively small population (Packman & Grant, 2011).

The Camperdown Program (O'Brian, Carey, Onslow, Packman, & Cream, 2010) is a speech restructuring intervention developed by the Australian Stuttering Research Centre for adults and adolescents who stutter. This intervention aims to improve fluency measures by changing speech production components, such as respiration, articulation, and phonation (Carey, O'Brian, Onslow, Block, Jones, & Packman, 2010). The clinician teaches clients to use a new speech pattern that reduces the possibility of

Repeated Measures, Phase II Clinical Trial

long-term maintenance and follow-up as well as the potential for barriers to access, such as remoteness, distance, and conflicting commitments.

Despite the limited research on the effectiveness of telehealth delivery of the Camperdown Program, the existing research is unanimously positive. There are no indications that telehealth delivery is ineffective or even less effective than face-to-face delivery in