The Lidcombe Program

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What is the Lidcombe Program?

Adapted from: Onslow, M., Packman, A., & Harrison, E. (2003). The Lidcombe program of early stuttering intervention. *Overview of the Lidcombe program (pp. 3-15).* Austin, TX: PRO-ED.

- A fluency shaping program individualized for young children who present with a stuttering problem
- Program focuses on behavioral feedback provided in response to a child's fluent speech
- Does not believe that the child's home environment caused stuttering
- Main goal is to reduce and eliminate stuttering with pre-school children
- Requires participation from the direct caregiver of the child

History

- Developed in the mid-1980’s for children younger than 6-years-old
- University of Sydney at Lidcombe
- Collaboration between the University, professionals at the Stuttering Unit, and Bankstown Health Service
- Has been researched in Australia, Canada, and the United Kingdom

A Behavioral Treatment for Children and Parents

- Focuses on developing behaviors related to childhood stuttering
- The goal is to raise awareness of the individual's stuttering characteristics and promote **"simply, no stuttering"**

- Takes place in natural environments
- Clinicians demonstrate treatment techniques to parents until they can conduct the treatment independently
- Parents are encouraged to generalize techniques outside of the clinical setting

Descriptive Terms

To Use:

- Stutter, stuttering or stuttered
- Bumpy
- Stutter-free (rather than fluent)
- Smooth (also describes ‘stutter free’)

Not to Use:

- Dysfluency
- Nonfluency
- Disfluent
- Nonfluent
- Fluent

The Treatment Agent

- Encourages verbal reactions for stutter-free speech and selective stuttered speech during everyday activities
  - Acknowledge response (e.g., “That was smooth.”, “That was a bit bumpy.”)
  - Praise response (e.g., “That was good talking.”)
  - Ask child to self-correct (e.g., “Can you try that again?”, “Were there any bumpy words?”)
- *Rule of thumb*: Praise for stutter-free speech should be approximately 5 times the amount for asking the child to self-correct
- Based on operant methodology

Implementation of Treatment

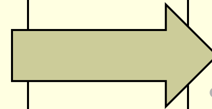
- Child and parent attend clinic once a week
- Parent rates child's weekly performance on a 10-point stuttering severity scale to obtain a percent of stuttered syllables (%SS)
- SLP and parent compare severity ratings (SR) and discuss discrepancies
- Parent provides treatment each day in the child's everyday environment
- As child's awareness improves, parent's role becomes less invasive
- A stable and positive parent-child relationship is imperative

Treatment

Adapted from: Onslow, M., Packman, A., & Harrison, E. (2003).

Stage 1

- Weekly clinic visits
- Clinician trains parent
- Parent provides verbal contingencies in structured and unstructured conversation
- Clinical measurement procedures implemented in and beyond clinic
- Child is considered to be making progress if his/her severity rating (SR) declines



Stage 2

- "The Maintenance Stage"
- Parent assumes responsibility for treatment in the long-term and achieves independence from clinician
- Time between clinic visits increases
- Parents continue with treatment in unstructured conversations
- If child show minimal progress, SLP may slow process or move to a previous stage.

*Stage 1 concludes when child achieves near zero stuttering as documented within clinical measures

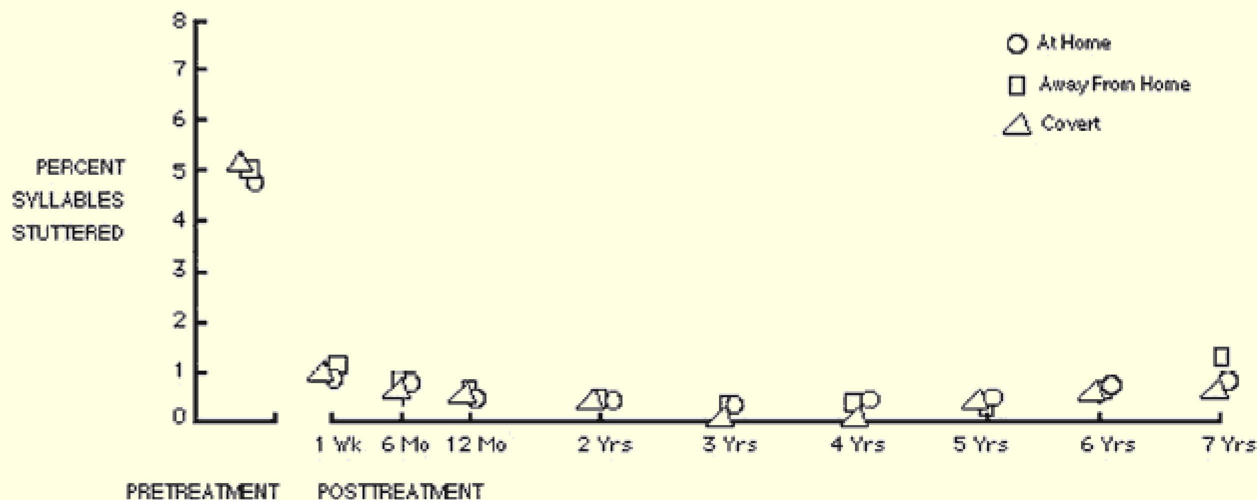
Maintenance & Generalization Through Individualization

- Program is more likely to be maintained and generalized it is tailored to the individual family
- Goal is to maintain the low level of stuttering achieved in Stage 1 into and through Stage 2 by decreasing the level of parent verbal contingencies
- Parents are made aware that in order for the treatment to be successful the techniques must generalize beyond the clinic setting
- Intervention is individualized base on:
  1) Age of Child
  2) Stuttering Severity
  3) Child's Behaviors
  4) Personalities of Child and Parent
  5) Familial Circumstances

Is There Evidence?

Obtained from: Lincoln, M. & Onslow, M (1997). Long-term outcome of an early intervention for stuttering. *American Journal of Speech Language Pathology 6,* 51-58.

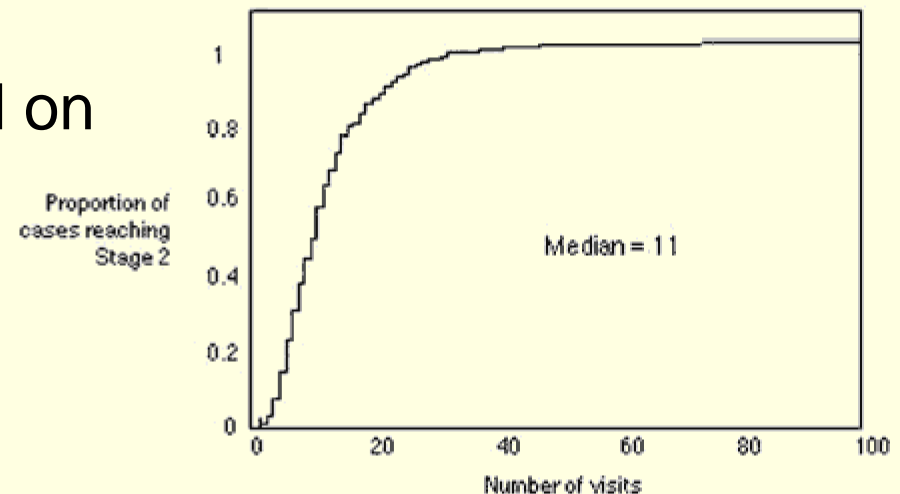
- YES! There is an abundance of *positive* data
- Currently, there is outcome data up to 7 years post-treatment
- Lincoln & Onslow confirmed that %SS decreased from approximately 5% to almost 0% following implementation of the Lidcombe program (n=42)



How Long Before Results Are Evident?

Obtained from: Jones, M., Onslow, M., Harrison, E., & Packman, A. (2000). Treating stuttering in children: predicting outcome in the Lidcombe program. *Journal of Speech, Language and Hearing Research 43,* 1440-1450.

- Stage 1 was completed with a median treatment time of 11 visits (n=250)
- Data suggests that after approximately 20 visits, almost all of the children had reached Stage 2, indicating nearly zero stuttered syllables
- Results may vary based on degree of parental involvement



Are There Any Downfalls?

- Data does not account for natural recovery (Jones, 2000 & Onslow, et al., 2003)
- Program has not been proven effective for children between 7 and 12 years of age (Onslow, et al., 2003)
- Program has not been implemented cross culturally (Onslow, et al., 2003)
- Results do not show significant differences in outcome of the Lidcombe program versus other treatment techniques (i.e., Demands-Capacity Model) (Franken, et al., 2005)

Do We Recommend This Program?

- At this point, evidence shows a high rate of “recovery” in children who stutter and have adhered to the Lidcombe program
- Therefore, based on the data alone, it would be considered best practice to recommend the Lidcombe program to a family who has a child that stutters
- Although there is no data suggesting a difference in outcome, based on the treatment setting, it seems beneficial that the parents provide intervention in a natural setting

References

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- Onslow, M. (2000, May). Stuttering treatment for preschoolers. *Current Therapeutics, 52-56.*
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