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An experimental investigation of the impact of the Lidcombe Program on early stuttering

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Abstract

Preliminary Phase I and II trials for the Lidcombe Program of early stuttering intervention have found favorable outcomes and that the treatment is safe. Although speech–language pathologists (SLPs) often need to intervene with pre-schoolers' early stuttering, many of these children will recover at some time in the future without such intervention. Consequently, they need to know whether the Lidcombe Program's effect on stuttering is greater than that of natural recovery. Participants were 23 pre-school children who were randomly assigned to either a control group or a treatment group that received the Lidcombe Program for 12 weeks. A repeated measures ANOVA showed no main effect on stuttering for the group (control/treatment), a significant main effect for the measurement occasion (at the start and at the end of the treatment period), and a significant interaction between group and measurement occasion. Stuttering in the treatment group reduced twice as much as in the control group. These results are interpreted to mean that the introduction of the Lidcombe Program has a positive impact on stuttering rate, which exceeds that attributable to natural recovery.

Educational objectives: Readers will learn about and be able to describe: (1) how natural recovery can affect assessments of the effectiveness of treatments for early stuttering; (2) the relative effects of the Lidcombe Program and natural recovery on stuttering; and

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(3) the difference between the results of this study and those of uncontrolled clinical trials.

Keywords: Childhood stuttering; Lidcombe Program; Short-term effects

1. Introduction

The Lidcombe Program is a behavioral treatment for stuttering in pre-school-age children. The treatment is conducted by parents in the child's everyday environment and parents learn how to do the treatment during the weekly visits with the child to the speech–language pathologist (SLP). A comprehensive description of the Lidcombe Program can be found in Onslow, Packman, & Harrison (in press).

In the Lidcombe Program, the parent gives verbal contingencies during conversational exchanges with the child. These verbal contingencies are directed at: (1) stutter-free speech; (2) unambiguous stuttering; (3) correct self-evaluation of stutter-free speech; and (4) spontaneous self-correction of stuttering. These verbal contingencies consist of: (1) acknowledgment and/or praise for periods of stutter-free speech; (2) acknowledgment of stuttering and/or a request that the child corrects stuttering; (3) praise for correct self-evaluation of stutter-free speech; and (4) praise for spontaneous self-correction of stuttering. The SLP ensures that these parental verbal contingencies are not constant, intensive or invasive, and that parents are at all times positive and supportive of the child receiving the treatment. The treatment is individualized for each family and, as with any treatment for a childhood speech or language disorder, it is essential that the child enjoys the treatment and finds it to be a positive experience.

Stuttering measures are an essential component of the Lidcombe Program. The parent makes daily measures of the severity of the child's stuttering on a 10-point scale, where 1 = no stuttering; 2 = very mild stuttering; and 10 = extremely severe stuttering. The SLP makes weekly measures of stuttering rate (percent syllables stuttered, %SS). Together, these two measures are used to: (1) guide implementation of the program from week to week; (2) identify when the child has met criterion speech performance; and (3) check that the child's speech continues to meet criterion speech performance in the long-term. The stuttering measures also enable the SLP and the parent to communicate effectively about the severity of the child's stuttering throughout the treatment process.

The Lidcombe Program is conducted in two stages. Stage 1 is complete when the child's stuttering is below 1.0%SS and each of the daily severity ratings for the corresponding week are either 1 or 2, with the majority being 1. During Stage 2, the parent gradually withdraws the verbal contingencies and gradually assumes complete responsibility for the treatment as visits to the clinic decrease in frequency. Any departure from the criterion speech performance, as specified with the stuttering measures at the end of Stage 1, results in more frequent clinic visits and possibly an increase in parental contingencies.