Disclosure

- Barry Guitar, PhD, CCC-SLP
- “The Lidcombe Program”
- Speaker Disclosures
  - Honorarium and travel reimbursement from ASHFoundation for this presentation
  - No relevant non-financial relationships

The UNIVERSITY of VERMONT

The Lidcombe Program (LP) for Preschool Children Who Stutter

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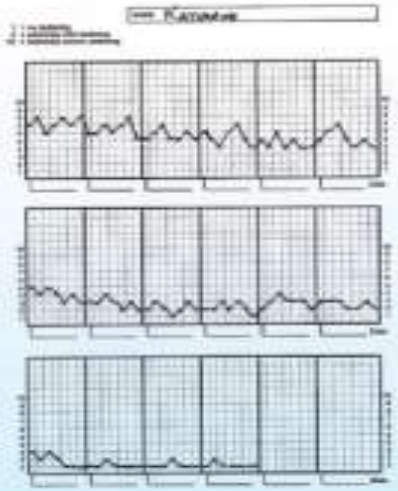
With help from Danra Kazenski, ABD, CCC-SLP

I. Overview of LP

Mother and child in clinic session

Mother and child in structured conversation at home

Mother and child in unstructured conversation at home



Child's Stuttering Severity Rating Chart

- **LP = parent delivered treatment**

Verbal contingencies* for:

- **stutter-free utterances (e.g., praises)**
- **stuttered utterances (e.g., corrections)**

- ***Adaptable to family preferences**

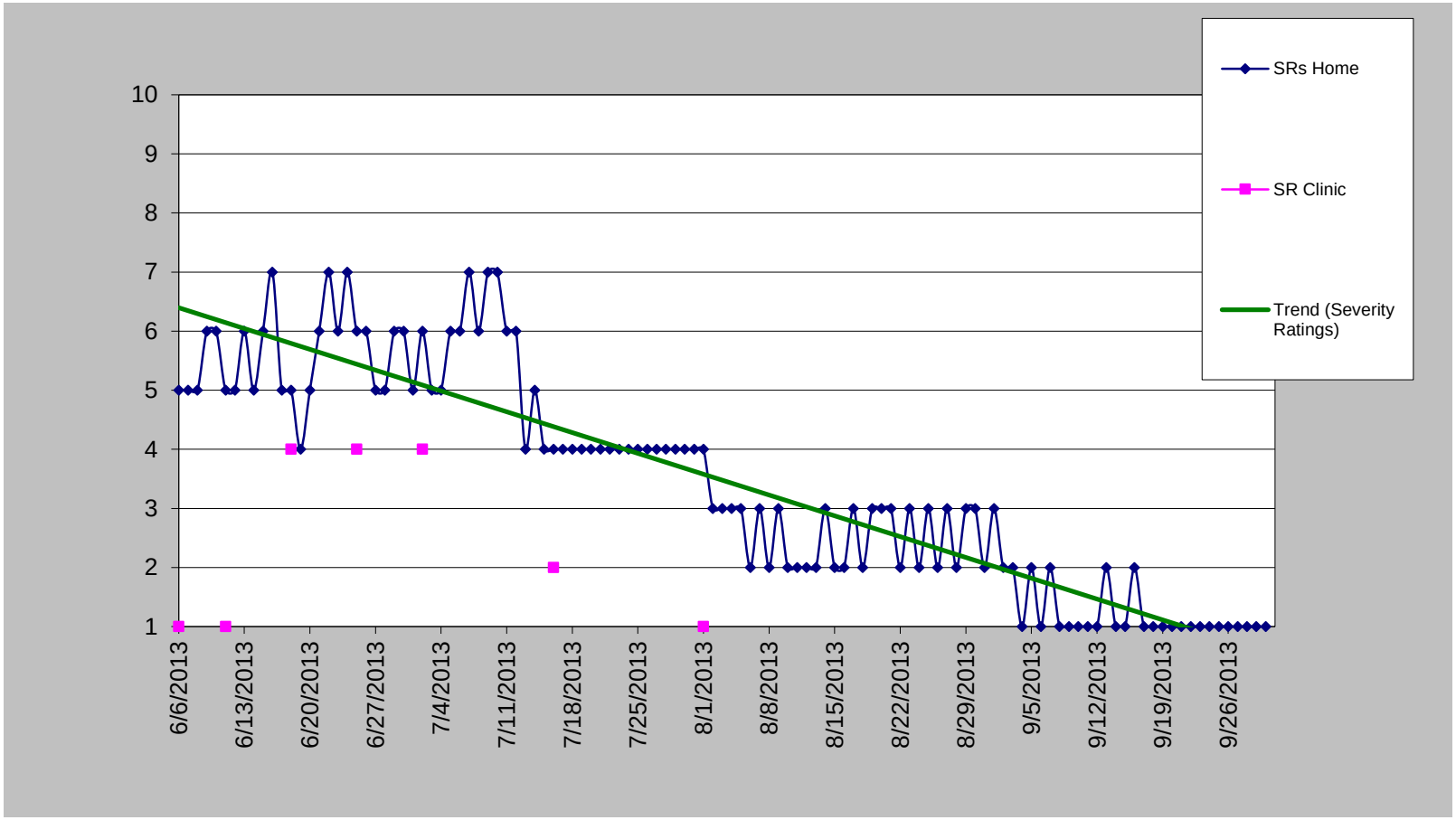
- **Begin** in 1-on-1 daily structured conversations

- **Progress** to daily unstructured conversations

- **Weekly or fortnightly clinic sessions with parent** (parent demonstrates home treatment procedures to clinician)

- **Severity Ratings** (SRs) track progress

Example of Severity Rating chart for a child



- **Stage 1 of LP goes until child is almost stutter-free (median of 15 clinic sessions)**

[criterion: three weeks in a row of Severity Ratings of 2 or below, with at least four 1's each week.]

- **Stage 2** is designed to maintain fluency via gradual fading + support over 1 year

Current LP training

Training managed by Lidcombe Consortium; they have also developed a detailed treatment manual

In North America, 2-day trainings are held several times each year throughout the U.S. & Canada

After training, access to experts provided by a list-serve which is monitored by members of the Lidcombe Consortium

II. Development of LP using Clinical Research

- **In U.S. in 1960's & 1970's, verbal and non-verbal contingencies used to reduce stuttering in preschool children (SSDs)**

- **Carried out at University of Minnesota and other clinical laboratories**

(e.g., puppet study by Martin, Kuhl, & Haroldson, 1972)

- **Roger Ingham brought back to Australia operant methodology for stuttering**

- **Mark Onslow at Lidcombe Hospital used operant methodology to develop a parent delivered program**

Onslow, Andrews, & Rue (1990)

Experiments & refinements led to these principles of LP:

- Must be highly supportive of child
- Mostly positive verbal contingencies (5:1 ratio)
- Continuous assessment is needed to guide treatment (SRs)

Continuing clinical research showed LP is efficacious:

- 3 Non-randomized phase II trials

  Onslow, Andrews, & Lincoln (1994)

  Lincoln & Onslow (1997)

  Rousseau et al. (2007)

- **2 Phase III Randomized Control Trials**

  Jones et al. (2005)

  Latterman et al. (2008)

- **1 Long-term follow-up to RCT**

  Jones et al. (2008)

- **LP shown to be safe**

  Woods, Shearsby, Onslow, & Burnham (2002)

- **Some treatment components are vital**

  ***treatment is faster and with better outcome if verbal contingencies for stuttering are used (Harrison et al., 2004)**

- **LP is almost as effective when used by community clinicians as when used by experts**

But better than experts if community clinicians have formal LP training.

Note: fidelity checks

(O'Brian et al., 2013)

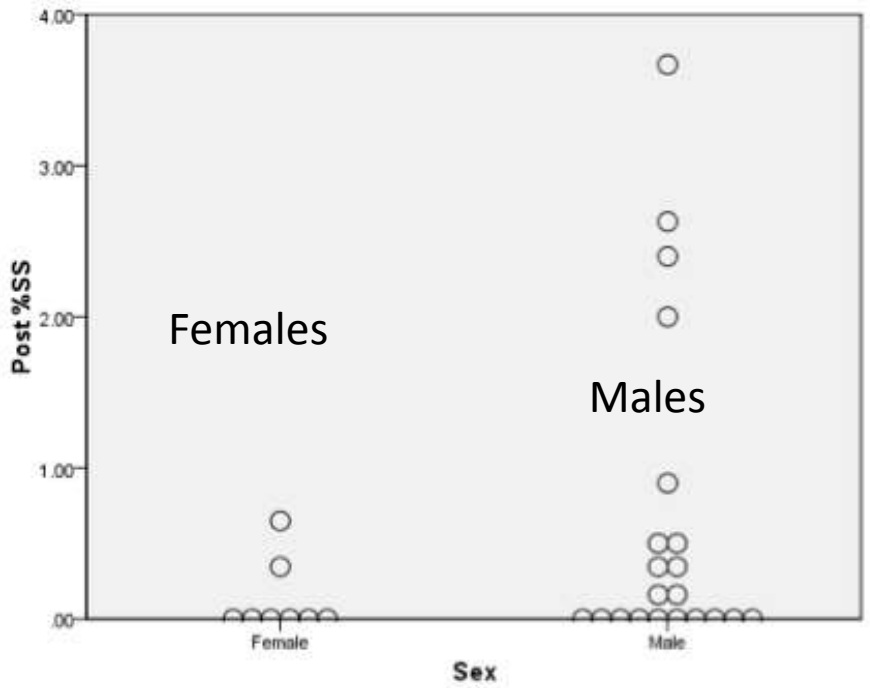
- LP can be effectively delivered by telehealth
  - Wilson et al. (2004)
  - Lewis et al. (2008)
  - O'Brian et al. (2014)
  - Bridgman (2013)
    - webcam therapy (RCT with 49 children)

- Clinic sessions do not have to occur every week (Koushik, 2010)

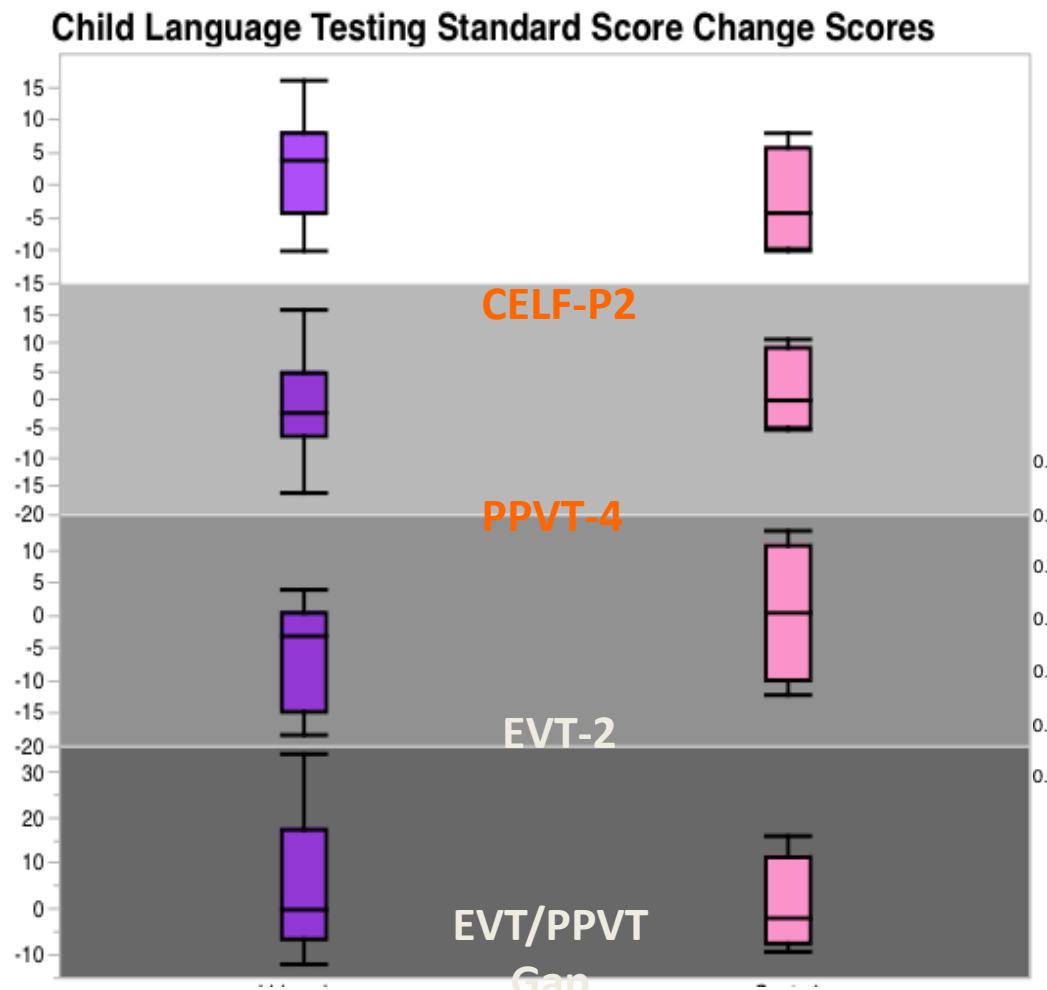
III. UVM Clinical Research

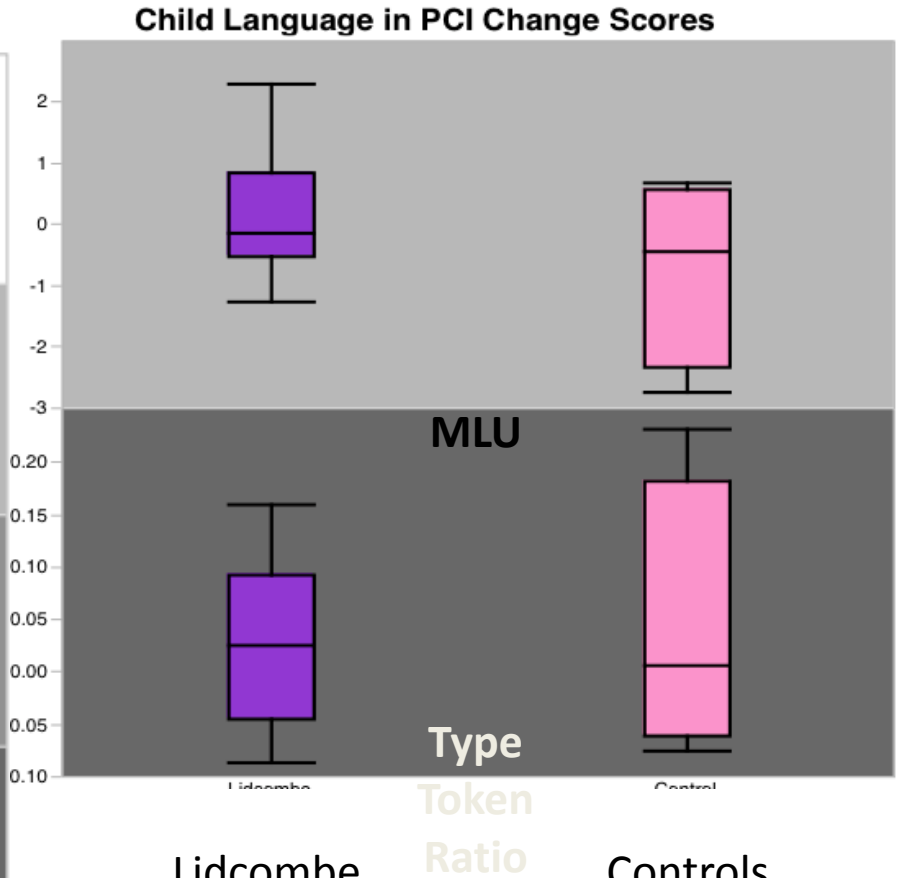
- **Pre-treatment severity (SSI-3) predicts treatment time (Miller & Guitar, 2009)**

- **Girls have better long-term outcome than boys (Guitar et al. in review)**

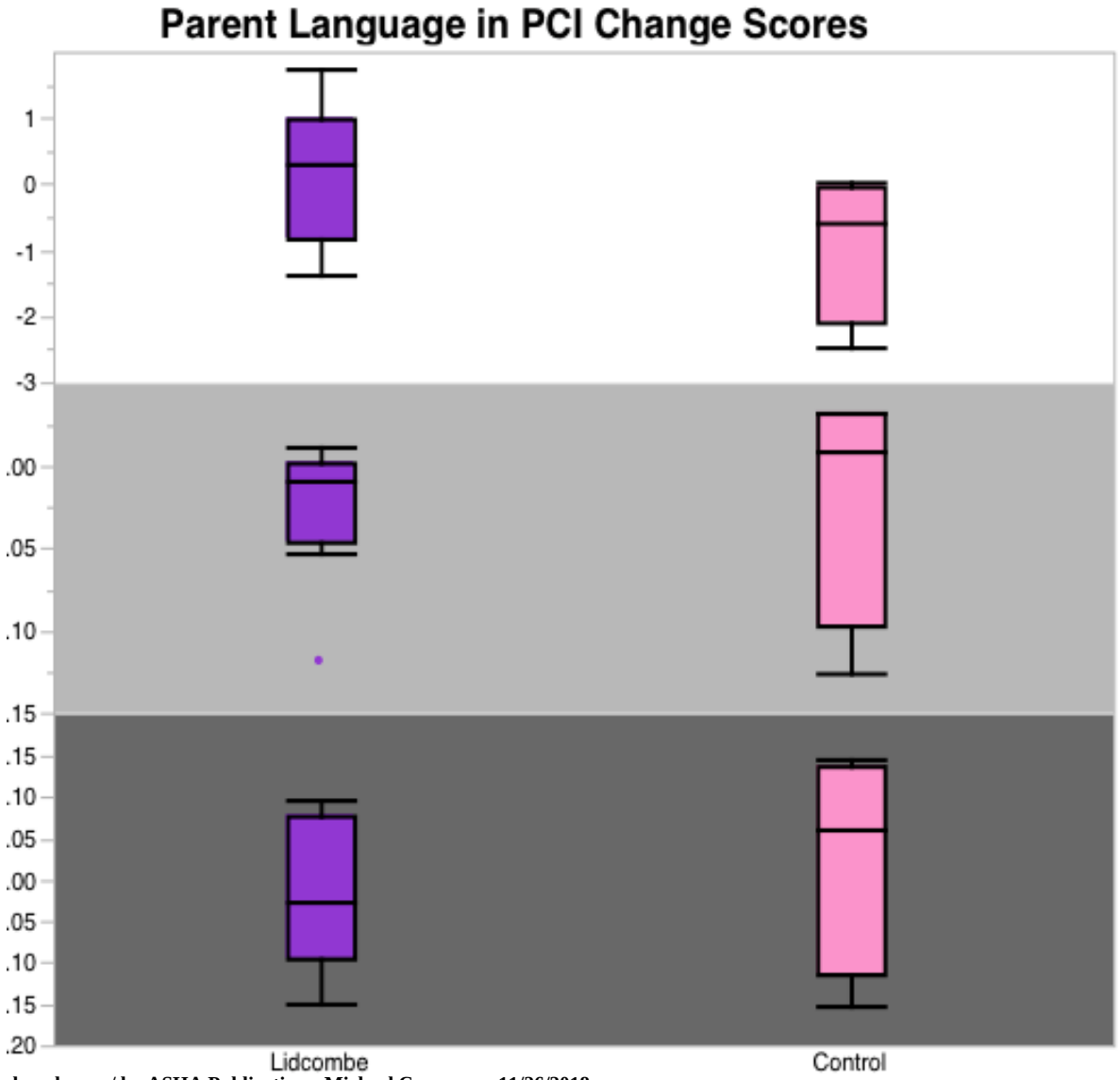


- **Preliminary results suggest that <u>changes</u> in children's language after LP = same as controls**



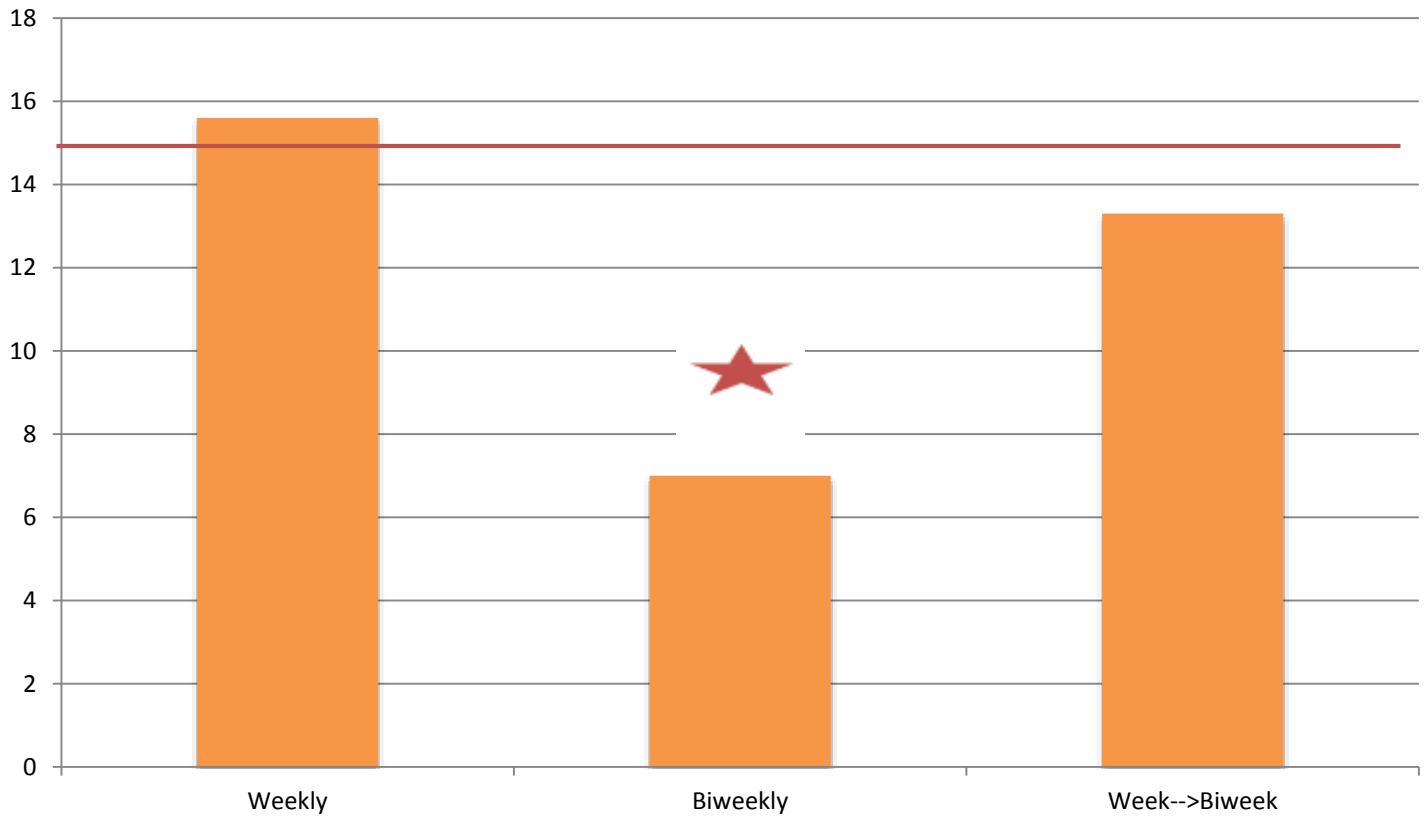


- **No effect on "parent conversational pressure" post-treatment with LP**



Preliminary results at UVM also support previous research (Koushik, 2010):

- **Biweekly** (fortnightly) clinic sessions with parent may be at least as effective as traditional once-per-week sessions



weekly fortnightly Start weekly
Go to fortnightly

IV. A Next Question

- **Are SLPs in Vermont EEE system able to get same long-term outcomes and same treatment time as our university clinic?**

Potential Challenges:

Initial LP training

Follow-up LP workshops/support/list serve

How to coordinate/standardize data collection?

Scheduling difficulties in EEE environment?

Work with EEE SLPs as co-creators of an LP treatment that has fidelity and will work in their environments

Thank you!