

Session # 1699, Poster Board 83 “Long-Term Treatment Outcome: Lidcombe Program for Preschool Children Who Stutter

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Abstract

Purpose: To report the long-term outcomes of the first 15 preschool children treated with the Lidcombe Program by clinicians who were independent of the program developers. Major questions were: Did the treatment result in significant long-term changes in the children’s speech? Would the treatment be as effective with relatively inexperienced clinicians as it had been shown to be when implemented by the developers? Is the duration of treatment associated with frequency or severity of pre-treatment stuttering or when treatment is started in relation to how long the child has been stuttering or the child’s age? Is long-term treatment outcome affected by gender, handedness, family history of the presence of phonological problems?

Method: The first 15 preschool children who completed the Lidcombe Program at the University of Vermont speech clinic were assessed prior to treatment and at least 12 months following the termination of treatment. Pre-treatment assessment took place in the clinic; follow-up measures were made from samples acquired in each child’s home. Measures of stuttering were percentage of syllables stuttered (%SS) and scores on the Stuttering Severity Index (SSI-3) (Riley, 1994). Information on client characteristics—gender, handedness, family history of stuttering, and presence of phonological problems—was obtained from archival files and interviews.

Results: Measures of stuttering for the group indicated statistically significant changes from pre-treatment to follow-up in both %SS and SSI-3 scores. Eleven of the 15 children reached a zero level of stuttering; the other four were below 4%SS and were Mild or Very Mild on the SSI-3. Pre-treatment stuttering severity was significantly correlated with treatment time; time between stuttering onset and the start of treatment was not significantly correlated with treatment time. Handedness was the only client characteristic that significantly affected treatment outcome.

Conclusions: The results demonstrated that the treatment produced significant long-term changes in all 15 children’s speech, even when administered by clinicians newly-trained in the Lidcombe Program. Treatment outcome appears to be influenced by pre-treatment stuttering severity and by handedness.

Key Words: Lidcombe Program, treatment outcome, predictors of treatment outcome

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