Objectives of this presentation

- Overview of Lidcombe Program
- Summarize common troubleshooting issues
- Description of troubleshooting approach in the LP
- Case examples
- Importance of troubleshooting across all therapies

Introduction

- The Lidcombe Program is a direct, behavioral treatment where the SLP trains the parent to do the therapy both in and beyond the clinic

- Developed by Mark Onslow and colleagues at the Australian Stuttering Research Centre
Lidcombe Program Evidence-based Clinical Practice

- Effective and efficacious
- Problem solving occurs throughout treatment
- Troubleshooting list-serve for clinicians who participated in a Lidcombe Training Workshop

Lidcombe Program

STAGE 1
- Weekly clinic visits
- Clinician trains parent to do measures & treatment
- Parent provides feedback in structured and unstructured treatment conversations

STAGE 2
- Parent assumes responsibility for treatment
- Time between clinic visits increases
- Feedback fades systematically
- Failure to meet speech criteria is acted upon immediately

Problems are inevitable

- Occur with all types of therapies
- Require clinicians to possess good problem solving & communication skills
- Part of the ongoing therapy process
Troubleshooting with the LP

- Case-based approach to treatment-related issues
- Occurs routinely within each session
- May occur more formally if child is not progressing
- Best understood through case examples

Troubleshooting Process

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Common Problems identified early in Treatment

- Training the parents
- Measurement
- Verbal contingencies
- Structured/unstructured conversations
- Child compliance
Troubleshooting: Training Parents

- Parent inconsistent; leading to long treatment time
- Extremely anxious parent
- Parents become discouraged
- Parents want to direct treatment decisions

Case #1 Troubleshooting:
Pertinent Background Information

- 2 siblings both in therapy (Scott & Liam)
- Mother & Father stuttered for a short time as preschoolers; history of anxiety & depression in family
- 4 children in family, Mother is a physician; part-time work; Babysitter 4 days per week; speaks English

Scott:

- Late talker; developmental articulation errors, language WNL; quiet, sensitive, not overtly talkative
- Medicated for asthma (Flovent)
- Had received stuttering therapy at school since age 3
- Mother shared the therapy included: easy slow speech
• No direct parent involvement in the Tx; clinician asked Mother to point out “bumps” in Scott’s speech

• Mother saw no progress and was becoming concerned

• Began Lidcombe program at age 4.6

• At Scott’s 19th therapy session, his younger sibling (Liam) started Tx

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Liam

• Onset of stuttering at 2.6; no other concerns; parent reported sensitive temperament, low frustration tolerance; high intensity level

• Stuttering Tx started at home at age 2.12; early intervention services for 6 months; teaching Liam easy speech; no parent involvement

• 2 month summer break; Liam’s stuttering increased to 8-10 SR rating reported by Mom

• Liam’s began Lidcombe treatment at 3.7; Mother administering both Scott and Liam’s treatment

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Troubleshooting
Review Data/Discuss Problems

• Mother expressed feeling discouraged and stressed administering contingencies for 2 children at the same time

• At this time, Liam’s contingencies were administered in both structured & unstructured conversations

• Following e-mail captures the flavor of their family environment
I am trying to combine unstructured and structured as much as I can for Liam. Yesterday I was trying to get everyone ready to leave for Karina’s ice skating class and at the same time I had her microwaving something with a metal lid, Scott crying because he hit his head on the counter, Liam had just wet his pants,….

and Lucas had himself wrapped around my leg while I was trying to pack a diaper bag and activity bag to keep everyone entertained while we were at ice skating practice. I wish I could say this scenario was the exception, and not the norm, but that’s just the phase of life we’re in right now. Sometimes I’m surprised I’m not stuttering!

Troubleshooting:
Maintaining integrity of program

• Scott’s therapy needed to continue in order to progress to Stage II and complete the program
• Liam’s therapy needed to continue with both structured and unstructured conversations
• Mother was going to need assistance in administering the therapy
• Mother felt babysitter’s English not proficient enough
Troubleshooting Plan

- Father attended sessions with Liam and started his contingencies in structured conversation in the evening.
- Father would do Liam’s contingencies on the weekends as well.
- Mother would make SR ratings for both boys & continue with Scott’s contingencies.
- Eventually, Mother & Father would split Liam’s contingencies (so that Mother could do some in the morning or afternoon when home).

Troubleshooting: Measurements

- Parent confusing ambiguous/unambiguous stutters.
- Parent is not providing the daily SR at the clinic visit.
- Parent not collecting the SR or doing it infrequently.

Case #2: Inconsistent Data

- William; aged 4;6
- Stuttering mild but persistent for 2 years since onset.
- No family history.
- No other concerns.
- Stage 1: 28 sessions/40 weeks.
The Lidcombe Program
Stuttering Measures

William

Date
Date
Date

Severity
% SS

Date
Date
Date

Severity
% SS

Date
Date
Date

Severity
% SS

Date
Date
Date

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Troubleshooting: Verbal Contingencies

- Parents are uncomfortable with the verbal contingencies
- Parent is concerned that the child is not hearing the verbal contingencies
- Only providing contingencies for SFS
- Providing contingencies in structured conversations only
- Verbal contingencies are not accurate
- Parent is reluctant to give feedback, make comments

Case 3: Description: Reluctant Parent

- "Bobby" age 5:8 at initial evaluation
- Stuttering onset reported to be around age 3
- Percent syllables stuttered (%SS) at evaluation: 8%; Parental Severity Rating: 6
- Hx of therapy for articulation and phonology, and for behavioral issues via public school IEP
  - Stuttering was not mentioned in IEP
  - Bobby and his twin sister were born premature

Reluctant Parent (cont)

- Significant medical hx: congenital kidney disorder resulting in frequent admissions to Children's Hospital
  - Treatment for kidney disorder resulted in missed speech therapy sessions throughout course of treatment
- Mother receiving treatment for anxiety disorder and other emotional issues
Reluctant Parent (cont)

• Mother stated that treatment of stuttering was her primary concern at the time of initial evaluation
• Lidcombe Program was explained
• Mother expressed concerns about her ability to make comments
  • Anxiety about doing it “all wrong” and making stuttering even worse
• Expressed concerns about any home practice

Reluctant Parent (cont)

• Decision was made to begin Lidcombe Program in-clinic only with clinicians making comments and mother observing from observation room
• Saw twice a week rather than once a week to accommodate mother’s need to bring sister in for therapy twice a week, as well as to increase overall amount of commenting

Reluctant Parent (cont)

• Clinicians delivered verbal contingencies during various activities
• Mom watched from observation room for first 3-4 weeks
• Mom began going into therapy room and participating in therapy activities, but still did not comment
• After 2 weeks of mom in room, she asked if she could begin commenting
Reluctant Parent (cont)

- Mom gradually became very comfortable delivering verbal contingencies, in-clinic and then at home.
- Therapy was interrupted at various times because of illness and hospitalizations.
- Transferred after 5 quarters (54 sessions) to speech unit for articulation therapy with %SS of <2% and SRs of mostly 2s.
- Monitored during artic tx and maintained %SS of <2% and SRs of 1s and 2s for 6 months, then moved from area.

Case 4: Stopping verbal contingencies early in Stage 2 (MB)

- E. began LP at age 3 yrs., 9 mos.
- Stuttering characteristics: Sound repetitions.
- Less frequent whole word and phrase reps.
- Father stutters and skeptical that early intervention can be successful in the long term.

Case 4: Stopping verbal contingencies early in Stage 2 (MB)

- # Stage 1 visits: 18
- # of Stage 2 visits: 8
- Completed 16 wk. interval (Dec 08)
- 5:2 years at time of last Stg. 2 visit
Previous Troubleshooting with this case in Stage 1

- Mom too formulaic in praise (“That’s some nice smooth speech.”)
- Parent advised to vary praise:
  - “Smooth talking.”
  - “Were those smooth words??”
  - “Wow. What a smooth talker you are!”
  - “Did you hear how smooth you were?”

Previous Troubleshooting, cont.

- Reps on “I” and “You” during conversations
  - Tx. activities targeted smooth starts on “I” and “you”
  - Parent interspersed comments that began with “I.” (I.e., I have 4 pair so far. I wonder what I will get next time. I think I will get Cranky the next time I draw a card.)

Previous Troubleshooting, cont.

- Reps on “and”
  - Activity targeting use of “and” with the cue, “I’m listening for smooth “ands.” (Ex. I want Cranky and Thomas. I wonder if I can get a red and a green card?)

- Mom squeezing in tx. session before taking daughter to school on M & F; rushed
  - Conduct session after preschool on those days to avoid rush in AM
Troubleshooting: Verbal Contingencies early in Stg. 2

- Mom was forgetting to provide verbal contingencies
- Mom reluctant to assign an SR of 1 to fluent speech

Troubleshooting Stg. 2 Spike in SRs

- Spike 6 weeks into Stg. 2: Avg. SR = 2.14)
  \%SS = .5

Action:
- **Verbal contingencies**
  Returned to 1-week clinic visit interval for 1 week

Result:
- SRs \( \downarrow \) to 1.5 weekly average;
  \%SS less than 1%

Troubleshooting: Structured/Unstructured Conversations

- Parents have difficulty providing feedback in structured/unstructured conversations
- Parent only providing feedback in structured conversations

No unstructured tx conversations
Case #5: No unstructured conversations

- JW; 3:8
- Stuttering 14%; SS; SR=8 at Session 1
- No family history
- Developmental Speech production errors
- Male
- Stuttering onset 12 months

Troubleshooting

- Session 6: No treatment effect
- Easier for mom to work in structured setting
- Praise in Unstructured setting gets a negative response from JW
- Change praise to get positive response
- That worked; able to facilitate fluency more in Unstructured settings

Case #5 Troubleshooting

- Session #13
- Suggest that parent drop a marble in a container to acknowledge ‘smooth’
- This worked and JM meets criteria for Stage 1 at session 16 and 17....just before Christmas!
Troubleshooting: Child Compliance

- Other speech and language concerns
- Doesn’t like the feedback
- Doesn’t talk during the session
- Uncooperative, difficulty following routine of session
- Talky/busy child makes it difficult to provide verbal contingencies
- Parents cannot control output of child in structured conversations

Case 6: Parent cannot control output of child in Structured Conversations
Case 7: Child doesn’t like the feedback

Conclusion

- Implementing the Lidcombe Program involves ongoing troubleshooting
- This includes clinical knowledge, understanding, & maintenance of the integrity of the program
- Good clinical communication skills
- Integral to all therapies

Selected References