

## Addendum to Van Eerdenbrugh Packman, O'Brian and Onslow (2018)<sup>1</sup>

The Eerdenbrugh et al. (2018) paper deals with clinical challenges when implementing the Lidcombe Program, which is a treatment for early stuttering. Below are key examples of challenges that featured in the first part of the study and the opinions and advice from experts about possible ways to deal with those challenges. These are suggestions *for consideration only*, as every child and family is different.

### Stuttering severity ratings have not reduced after a few weeks

Reasons for no decrease of severity ratings include the following:

- *Parent compliance with the program.* Are practice sessions done each day? Do they happen in a rush? Do they last a few minutes only? Not doing the practice sessions properly will cause a lack of progress.
- *The child context.* Do other family members stutter? Is the child's stuttering severe? Does the child talk a lot? Severity ratings of children with persistent stuttering in their family who stutter severely or who are talkative may need more time to respond to the program.
- *Parent listening skills.* Do parents recognise all stuttering moments? Severity ratings may fail to decrease if the treatment is not done properly because parents fail to recognise stuttering moments.
- *Child compliance with the program.* Does the child enjoy the practice sessions? Has the program become negative or punitive in any way? Stuttering will not improve if children do not enjoy the program.
- *Practice sessions.* Do parents practice at home what has been shown to them in the clinic? Is the child stutter-free during practice sessions? Do parents need to work hard to get the child stutter-free? Has there been a change over time in what parents need to do to get their child stutter-free? Severity ratings will not decrease if children cannot practice stutter-free speech during practice sessions.
- *Verbal contingencies.* How are verbal contingencies given? How does the child respond to them? Are they also given during everyday conversations? Stuttering severity may not decrease if verbal contingencies are given only during practice sessions.

Examples of ways parents could deal with no decrease of severity ratings:

- Vary the time, place, and activity of practice sessions to promote generalisation.
- Add a second, shorter, practice session at a different time during the day.
- Introduce new activities.
- Make activities during practice sessions less controlled. An example would be doing an activity that allows more natural discussion, such as talking about pictures in a book.
- Control the practice sessions more at a different location, such as sitting at a table.
- Start giving verbal contingencies during everyday conversations.

### Parents say there is no time to do practice sessions

Creative approaches from parents can be helpful here. Examples are as follows:

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<sup>1</sup> Van Eerdenbrugh, S., Packman, A., O'Brian, S., & Onslow, M. (2018). Challenges and strategies for speech-language pathologists using the Lidcombe Program for early stuttering *American Journal of Speech-Language Pathology*, 27(3S), 1259–1272. [https://doi.org/10.1044/2018\\_ajslp-odc11-17-0185](https://doi.org/10.1044/2018_ajslp-odc11-17-0185)

- Do two shorter practice sessions each day.
- Incorporate practice sessions during daily events, such as bath time, dinner time, or afternoon teatime.
- Do several five-minute practice sessions whenever possible in situations, such as in the park or at the supermarket.

### **Parents find it difficult to lead the child and the activity during practice sessions**

Here are some examples of how to deal with this situation:

- Parents carefully watch the speech-language pathologist demonstrate how to do it.
- Parents do the practice session with the speech-language pathologist watching and then try it themselves.
- Set out the rules of the activity at the start of the practice session and establish clear speaking turns.
- Learn how to do different activities. The child may become bored with the same activity. The speech-language pathologist can provide parents with various resources.
- Do shorter practice sessions for a while. Initially parents may not be able to sustain what is needed throughout practice sessions. They could build up gradually to 15-minute practice sessions.

### **Parents have trouble providing verbal contingencies when stuttering is at the beginning of a long utterance**

If this happens during practice sessions, parents could

- use the verbal contingency to acknowledge stuttering when the utterance is finished. An example is “There was a tricky word at the start there.” Don’t request self-correction of the entire utterance.
- elicit shorter utterances to avoid stutters at the start of long utterances.
- praise short stutter-free utterances.
- do an activity that focuses on stutter-free starts of sentences and apply verbal contingencies to them. An example would be “The start of your sentence was so smooth.”

If this happens during everyday conversations, parents could

- immediately give a verbal contingency if the child accepts that approach.
- prompt the child when stuttering is likely at the start of an utterance. Examples are “Get your smooth talking ready” and “Think smooth.”
- praise stutter-free speech that occurs at the start of long utterances.

### **Parents can have trouble doing the Lidcombe Program with talkative children**

Speech-language pathologists may advise parents to use

- books rather than toys and games as activities.
- calming rather than exciting activities.
- books that the child does not know well.
- games with turn-taking which restricts verbal output.
- games or activities with a natural turn-taking marker so that parents can fill in the gaps with verbal contingencies. An example is “Guess Who?”

- activities that require a one-word response.
- a tangible conversation turn marker. For example, only the person holding a ball can speak.
- more acknowledgement of stuttering than requests for correction.

Parents may need additional strategies, such as

- being more assertive about what is required of the child.
- modelling simple language in short utterances may prompt the child to talk less.
- introducing a “special talking rule” of using short utterances only.
- talking less; as, in some cases, parents talking more reduces the child’s talking.
- using tokens in addition to verbal contingencies so that there is a pause as the child receives the token.
- changing the topic when the child becomes excited about it.
- deferring a discussion of a potentially exciting topic until after the practice session.
- changing the topic at regular intervals using a timer.

## Parents feel anxious about doing the Lidcombe Program

It can help if the speech-language pathologist

- acknowledges these feelings and discusses them fully with the parent.
- takes account of these feelings when guiding parents through the program.
- counsels parents that these feelings are commonly reported in the literature.<sup>2,3</sup>
- uses the evidence base of the Lidcombe Program to promote parent confidence with using it.
- considers adding other people for support within the treatment process.

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<sup>2</sup> Goodhue, R., Onslow, M., Quine, S., O’Brian, S., & Hearne, A. (2010). The Lidcombe Program of early stuttering intervention: Mothers’ experiences. *Journal of Fluency Disorders, 35*, 70–84.

<sup>3</sup> Hayhow, R. (2009). Parents’ experiences of the Lidcombe Program of early stuttering intervention. *International Journal of Speech-Language Pathology, 11*, 20–25.