



Lidcombe News



May 2011



Edition 40

This edition makes Lidcombe News a teenager- it is thirteen years now since it first began! Over the years we have concentrated on bringing you articles about the research and development of the Lidcombe Program, hopefully enabling you to keep up to date with any changes this has brought about in carrying out your day to day treatment. We have also tried to bring practical therapy ideas, as well as helping with problem solving and answering those frequently asked questions. How children, parents and clinicians took to the programme was a focus in the earlier days when it seemed to some of us we were making a one hundred and eighty degree turn in our thinking...and of course details of workshops and Link days in the UK have always also been our concern.

This edition is no exception. We have the ever popular 'Dear Sue' and 'Just Explain That Again' as well as a case study on an older child from Norwich, UK, by Sally Lelièvre. I have written an article on a way of visualising how we structure treatment and then progress towards unstructured treatment (the flower press), and Sally Wynne has designed a quick look guide to using resources, with a little help from Susan Lloyd and me. On the same theme of organising resources, Debbie Middleton and the 'Central England Link' has also sent us some of their work which complements Sally's design very well.

Please also read page 2, for an important announcement!

But we start with Dates for your Diary and news about workshops in the UK.



DATES FOR YOUR DIARY

Central England is holding its next Lidcombe Link day on **Wednesday, 15th June 2011**. **NB** This is a **change of date** since the last advert in Edition 39.

Venue: Coventry and Warwickshire Hospital, Stoney Stanton Road, Coventry CV1 4FH.



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Contributions to Mary Kingston. Send your ideas and questions to:
Email: kingstonamee@talk21.com I can't promise to include everything and have to reserve the right to edit contributions as necessary. But I'll do my best!

All trained LP therapists are welcome, and the focus will be on, amongst other things, recent changes to the %SS, the LP and older children (7-8 years), recent articles for discussion and sharing of resources.

Contact: Debbie Middleton on tel **024 7684 4187** or **email:**

Debbie.Middleton@coventrypct.nhs.uk for further details if required.

The North West is holding its next Link day in **Stockport** on **Tuesday 20th September 2011** from 1pm for a 1.30pm start. **Venue: The Children's Therapy Centre, 1st Floor, Beckwith House, 1-13 Wellington Road, Stockport, SK4 1AF.** There is parking in Heaton Lane car park just around the corner on Heaton Lane, SK4 1BS. **Contact: Celia Parlett** on tel. **01614 265200** or email: **parletts@ntlworld.com** for further details if required.

Norwich is holding its next Link day on **Tuesday, 27th September 2011** from **9 – 3.** **Venue: 40, Upton Road, Norwich, NR4 7PA.** Bring/buy your own lunch. **Contact: Sally Lelièvre** for details, directions etc. on tel. **01603 508946**, or email Mary Kingston at **kingstonamee@talk21.com**

COURSES AND EVENTS



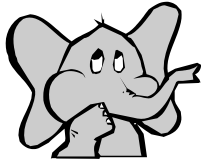
It has been agreed by the Lidcombe Program Trainers Consortium that the two day workshop (three days in countries where English is not the first language) is only for Speech and Language Therapists (Speech Pathologists etc) and students in their final semester. It is not designed for parents (unless they are qualified SLTs), TIs or members of other professions e.g. psychologists, doctors, teachers.

2011 has seen a huge drop in the number of courses being offered by departments in the UK owing to budget changes in this era of cutbacks. We are however still offering national courses at the Royal College of Speech and Language Therapists (RCSLT) in London. In the last edition of Lidcombe News we advertised one on 17th and 18th October 2011. **This is already full so we have set up a new workshop for the following week** which is advertised below. This is currently the only workshop being offered in the UK in 2011, and the only one in the pipeline.

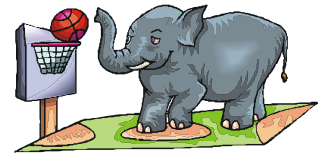
A **London** based course is being held on Monday and Tuesday **October 24th & 25th 2011** at the **Royal College of Speech and Language Therapists.** Contact **Sally Wynne** on email: lidcombe@live.co.uk or **Mary Kingston** on email: kingstonamee@talk21.com for the flyer and booking form.

MISCELLANEOUS

Important announcement! *It was reported in the last edition of Lidcombe News (edition 39 p.3) that a website dedicated to the Lidcombe Program is being set up. There will be a section on the website which is password protected and only accessible to officially trained LP users. If you want to use this you will have to **send your name and email address to the person who trained you.** Your name will be checked against the records and when verified sent to Jane Kelly of the Australian Stuttering Research Centre. **If you receive the Lidcombe News there is no need to do this** as I have your records- but please do tell any other trained colleagues who might wish to benefit from this opportunity. Lidcombe News will report when the site is ready.*



Lidcombe News is delighted to receive the following case study from Sally Lelièvre, Specialist Speech and Language Therapist, Norfolk Community Health and Care NHS Trust about an older child she recently treated. Sally has worked for several years with the Lidcombe Program but mainly with children up to six



years of age. This case study shows how she successful outcome with a child who turned treatment.



gained a very eight during

Sam was referred by his class teacher who was concerned by his noticeable stammer in class, particularly when reading aloud. When I first met him in the clinic he was aged 7years, 7months. During the case history I learned from his mother that he had started stammering when about 4 years old, and although the stammer had never completely gone, it had fluctuated in severity, often being barely noticeable. His mother had raised it with his class teacher the previous year but had been advised not to worry about it. There was also a family history of stammering – his paternal grandfather, uncle and aunt all have stammers. Around the time of referral Sam had told his mother he didn't put his hand up for a speaking part in the school play because he might stammer. At our first meeting Sam's mother told me that although the stammer had reduced a little since referral, it was still noticeable when reading aloud, and that this was another area of anxiety for him.

During my initial assessment I also noted that Sam's consonant blends were still slightly immature, but his language skills were good. The stammer was measured as 1.4%ss, and we agreed a Severity Rating (SR) of 3 with a 7 or 8 as the highest his mother had ever heard outside of the clinic.



Decision point: At 7y.7m, Sam was older than the usual age for the Lidcombe Program (LP). He attended a private school with many after-school and weekend activities and his mother described their lives as being very busy, with little free time. On the other hand, Sam was aware and anxious about his stammer and there was a strong family history. We agreed to do a 6 week trial to see how the family managed with the L.P.

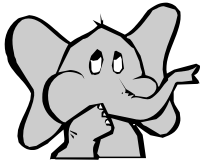
Session 1. I introduced structured therapy, aiming for phrase level, demonstrating all the contingencies to his Mum. She very quickly learned and grasped the concepts behind the therapy. We started fixing bumps by modelling the stammered word for Sam. He really enjoyed therapy from the start and was so pleased with himself when he fixed a bump. His Mum again raised the problem about his anxiety when reading aloud and we discussed what to do. She decided to suggest to his class teacher that for now he should just read silently at school, and when there was a word he didn't understand he would ask his teacher. They would also skip reading aloud at home for the time being.

Session 2. Mum had rated the previous week as an average of 2s and 3s. In the clinic sample of 370 syllables he scored 1.8%SS, which his Mum rated as

SR2. Following discussion we agreed we should call this SR 3, because although there was a great deal of fluent speech, the stammers were prolongations and blocks, albeit very subtle and scarcely noticeable. Mum then wondered if perhaps she had rated him too low at home and said she would bear this in mind for the following weeks.

Talking practice at home had gone well, with Sam already self evaluating and commenting “That was smooth wasn’t it?” Mum also told me he was not always able to fix words with blends during the previous week. I’d noticed that Sam often produced blends with an intrusive schwa – suhlide, suhwing, buhlue, etc. I wondered if staff at school had tried to get him to produce blends in the past in this way, when he was reducing them, or if this was his way of getting through a block. We agreed that as there was an ambiguity about blends, we would not give feedback about them for now.

Session 3 SRS were higher this week, as following our discussion last week mum had adjusted her scoring and felt she should have been rating higher all along. This week he had an average of 4s and 5s. On the whole therapy had gone well, and Sam had enjoyed it, but on one day in the week he had got very stuck on /ch/ words, and was unable to fix them. Mum had reassured him and tried to move on, but he wanted to keep trying and got annoyed with himself when unable to fix them.



Problem: *Sam’s attempts to fix bumps were sometimes becoming tense and effortful, leading to more severe blocks. I was getting to know him better and realising he liked to do well, be best at things, and was annoyed with himself when he couldn’t do something.*

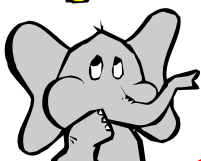
Solution:



During our practice session when another /ch/ word came up on which Sam blocked, I decided to move outside the L.P. and introduce soft contacts. We happened to be looking at a book with a dog named Floppy, so I talked about letting the word go floppy, like Floppy’s ears, more like /sh/. Sam found this very easy, fixed his bump and practised it himself several more times. He was delighted with himself! We practised more /ch/ words which he said fluently.

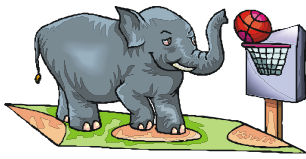
During the rest of the session he began to fix bumps spontaneously and I showed his Mum how to praise this. (Over the weeks he learned how to use soft contacts on plosives as well when necessary).

This week I also showed Mum how to use games as well as books. She would use the strategy of going “floppy” to help him fix blocks when necessary.



Problem: *The next couple of weeks went well, yet while Mum was very skilful at therapy, their busy schedule meant she sometimes didn’t have a chance to do smooth talking practice before the end of the day when he was very tired.*

Solution:



We discussed other activities they could do together which did not involve table top activities and where she could also still structure the language – things such as cooking, getting his packed lunch ready, having treatment conversations in the car to and from school.

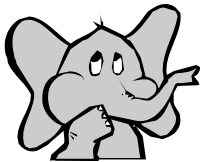
The language was therefore still structured even though the treatment **environment** had changed.

(This worked because Sam’s mum was extremely skilful at working at the level of language that kept him virtually stammer free and could do this even while engaging in everyday activities. She would also introduce these activities before they started: e.g. “ Let’s do smooth talking while we make your packed lunch.”)

Mum was now showing her own creativity as a therapist which she also revealed when a different problem arose.

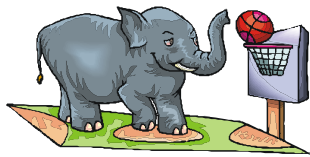


Problem:



The weather was lovely and she found Sam was trying to rush through his treatment time because he wanted to go out to play.

Solution :



Until then she hadn’t used stickers or other rewards because she felt he enjoyed the session so much anyway, but she decided now to give him a little football in a jar when he did smooth talking practice, and if he won enough he got football cards at the end of the week.

On our 6th meeting mum reported more 3s than 4s, and felt there had been a shift in his fluency, with improvement most of the time.



Decision point: We both agreed that the LP was having an effect and that we should continue. By this time Sam was becoming so stammer free that we were able to loosen the structure further and take conversations beyond the here and now.

Over the following 3 weeks the SRs came down to 3s and 2s with Sam often fixing bumps without Mum having to say anything during therapy. He had also expressed the wish to start reading out loud again at home which proved very successful, with no stammering at all.



Decision point: I introduced treatment in unstructured situations at this point and during a long weekend away as a family, when Mum did lots of feedback in everyday conversations, she felt this had really made a difference. Sam even commented: “ I can do my smooth talking anytime”. There were still occasional stammers on blends but not nearly as tense as before, and he fixed them easily. After this we decided to move entirely to feedback in unstructured conversations unless the SRs went up.

Session 10. SRs were now mainly 2s with a few 1s now appearing. Sam had volunteered to read aloud to his teacher at school and to speak to all the parents at a class assembly. This was a big turn around from the anxiety and avoidance when I first met him. I gave guidelines for an “out of the blue” reward chart for them to complete at home.

Session 11. Sam was now very confident about taking part in all speaking activities at school. He was smooth much of the time and could fix his stammers easily. The family were having a lot of time away over the summer, and with my annual leave as well, there would be gaps in appointments. We therefore discussed the need for continuity and using the skills that Mum had learned over the last weeks to help Sam.

At our next meeting four weeks later Mum reported SRs for these weeks had been a mix of 2s and 1s. What she was rating as a 2 was when there were minimal stammers, perhaps about two in a day.

By the following week mum had scored three weeks of more 1s than 2s.



Decision point: We decided now to move to Stage 2, which fitted in well with Sam starting back at school and their lives becoming very busy again. Sam felt very confident about his speech. We discussed how the new term (moving to the junior school) might lead to some increase in stammering, but Mum understood well how to do on the spot ratings and if need be just increase feedback again.

Comments

We have not yet finished Stage 2 but at our appointments Sam is always stammer free. There are usually one or two days a week rated as 2, but these mild stammers only happen when he is very tired. We discussed how this may be how Sam will continue, but he is not worried at all, he is very confident at school and continues to do well and participate in all spoken activities. Nobody else would notice his stammers. Both Sam and his mother are reassured that if his stammer increases and becomes more of a concern to him in the future, our service is always here to support him. In the meantime he has a very healthy attitude to his speech, and says “Well, if I do a bump I know I can just fix it!”.

I feel this approach worked well for this family because Sam himself was very motivated and his mother very resourceful in her therapy, and would definitely trial the Lidcombe Program again with an older child in similar circumstances.

Sally Lelièvre

E-mail Address: Sally.Lelievre@nchc.nhs.uk



Dear Sue

I am seeing a little boy of 4 years 3 months called Lec, and he has a language delay in addition to his stuttering. His severity rating averages around a 6 most of the time. He enjoys therapy and when we structure his language to a two to three word level he maintains his stutter free speech well. However when we ask him to say something more complex he is likely to start stuttering. I think this must be because of his language delay and I wonder whether I am right to be doing the Lidcombe Program with Lec at the moment. Would it be better if I worked on his language first?

If stuttering is the priority, then it is appropriate to treat stuttering whether or not there is a language delay. With regards to deciding about the timing of intervention for language versus stuttering, that needs to be carefully considered. A choice to intervene first with the Lidcombe Program may have merit due to the known window of opportunity we have to treat in the preschool years and the severity of Lec's stuttering (SR6). However other variables such as the severity and impact of his language delay, the long and short term prognosis, his reactions to his problems and parental concerns should also be considered (see Onslow, Harrison and Packman (2003). The Lidcombe Program - A Clinician's Guide: Chapters 4 and 10 for more information).

If you decide that stuttering treatment should be the first goal, then you should consider your problem in relation to the components of the Lidcombe Program. Your description of increased stuttering during therapy tasks that have more complex language would be best explained in terms of the amount of structure in the task. Lec's language delay should not impact the goal of structuring his conversations so that they are stutter-free to allow the parent to give him a high rate of verbal contingencies on stutter-free speech. When you apply verbal contingencies to appropriately structured conversations, stuttering in the preschool age child reduces in severity. Perhaps you are making conversations too unstructured too quickly for the Lidcombe Program to be effective. Longer, more complex utterances are typically produced when conversations are less structured, and if a conversation is not structured enough for the child's severity, stuttering may increase.

Remember that you can vary the amount of structure as needed within a treatment session. Thus longer utterances will be able to be elicited until gradually treatment will not be required to be structured in order for him to practise stutter-free speech. Unstructured treatment occurs when the parent is applying verbal contingencies to the child's naturally occurring, spontaneous conversations. This is only appropriate when he is able to produce easy effortless stutter-free speech in such spontaneous conversations. As Lec's speech improves, he will require less structure to produce these easy, effortless stutter-free utterances.



Just explain that again...



? *I have been told by a colleague that we no longer need to take the percentage syllables stuttered count in the Lidcombe Program. Can you explain to me how we know when to go to Stage 2 now that one of the measures has gone?*



Your colleague is correct that the Lidcombe Program manual has been amended and that collecting %SS is optional. Criteria for entry into Stage 2 is three weeks of beyond clinic severity ratings of 1s and 2s with at least four of these being 1s across each week. Within clinic severity rating should be 1 or 2 for the entire interaction with the child for a three week period.

It is important to spend a period of time 'tuning in' to the child's speech within the clinic, like you would do if you were taking a %SS measure. This ensures that you and the parent are not missing any stutters.

If you find that taking a %SS measure assists you in making a decision in regards to entering Stage 2 for a particular client, then you could still use this measure as the manual states that it is optional.

If you are interested in obtaining a copy of the manual it is available at:
http://sydney.edu.au/health_sciences/asrc/docs/lp_manual_2011.pdf

? *I am a student and have been learning about the Lidcombe Program on my undergraduate course. Is it possible to train in the programme while I am still a student or is it only for qualified speech and language therapists?*



The Lidcombe Program workshop has been developed for practicing Speech Pathologists. However, Speech Pathology students in their final semester of study can attend the workshop.

? *Do you use the Lidcombe Program with children with Down's Syndrome? If so, do you take into account the developmental age rather than the chronological age when considering timing of treatment?*



You can use the LP with children with Down's Syndrome. However, it is important to remember that much of the research on the Lidcombe Program has been based on children without concomitant disorders. Hence it is difficult to apply the reported outcomes to this population.

When treating children with Down's Syndrome it is therefore important to ensure that you have valid and reliable measurements so that you can determine that progress is occurring.

In terms of deciding on the timing of intervention, if their developmental age is such that they would not be able to participate adequately in the treatment, then you may consider waiting for a time. Otherwise you should consider the same issues that you would for other children. These are overviewed below:

- time since stuttering onset (the chances of natural recovery occurring is reduced over time whether the child is normally developing or has a concomitant disorder)
- pattern of severity of stuttering over time
- when the child will be starting school
- if the child or parent or peers are reacting negatively to the stuttering
- Family history of stuttering

See Onslow, Harrison and Packman (2003). *The Lidcombe Program - A Clinician's Guide: Chapters 4* for more information about the Timing of Intervention.

Our very grateful thanks for 'Dear Sue' and 'Just Explain That Again' go to Verity MacMillan, Stacey Sheedy, Wendy Lloyd and Mary Erian from the Bankstown Stuttering Unit, Australia.

The Flower Press
by Mary Kingston

Over the fourteen years I have been using the Lidcombe Program, and the thirteen in which I have been teaching it, new ways of conceptualising the procedures and helping to explain them to others have occurred to me every now and then. I remember when I first met Mark Onslow and he was talking to me about the program he said that it was 'conceptually simple but procedurally complex' and I have always thought that this was a good description. There are certainly times when it has been a challenge making it clear to others exactly how to carry out those procedures, especially when dealing with the very different approaches to stuttering found here in Europe. In this article I will be looking at one of these procedures - structured treatment and the move to unstructured treatment.

As we know, people learn in different ways and visual learners have found (or so they tell me!) the analogy of a 'flower press' a helpful way of conceptualising how we structure treatment sessions. The analogy may also be used in a dynamic way and thereby help clinicians conceptualise the different ways in which we move between structured and unstructured treatment, and move towards the goal of all, or nearly all, treatment occurring in natural everyday conversations. In addition it has potential to help with problem solving difficulties that may arise in therapy. I'm sure there are ways in which the flower press analogy can be developed so I am sharing the flower press with Lidcombe News readers, some of whom I have never met or explained this to, in the hope that you may help me improve it.

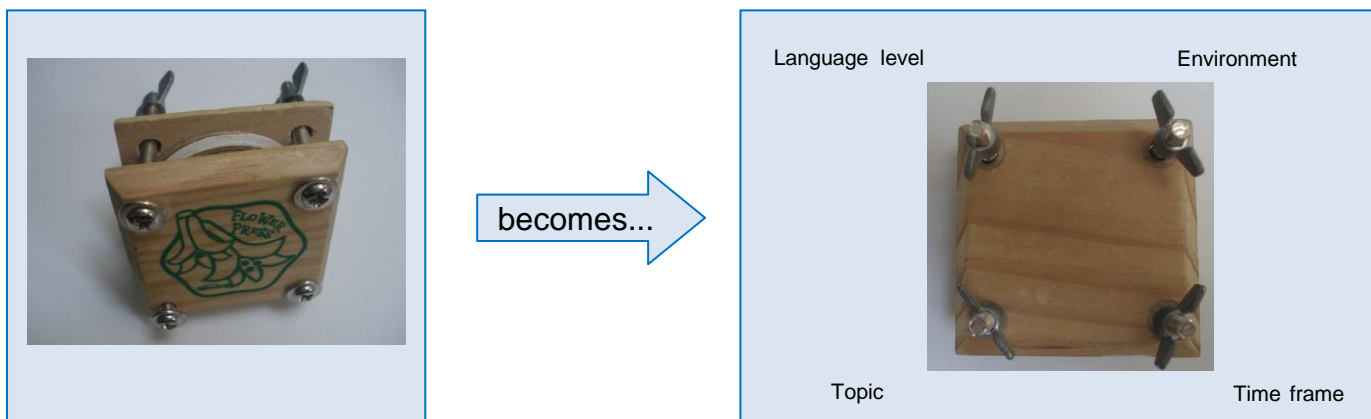
When we start the Lidcombe Program we use structure in treatment in order to maximise the child's stutter free speech. As it says in the manual: 'During these conversations the parent typically structures the conversation so that the child stutters only occasionally'. (Packman et al, 2011, p.6). This is done so that the feedback the parents give the child about their speech may be *mostly about their stutter free speech*. It is in this way that the contingencies remain safe, and the child has the best chance of overcoming their stutter. By structuring conversations we create a safe arena for the treatment to take place. Only later, as parents get good at contingencies and, to quote the manual again "stuttering severity is low during periods of the day" (Packman et al, 2011, p.8), do they no longer need to structure the conversations with their child to the same extent.

Discussing how to structure treatment, and then how to move to the point where we are able to give contingencies in the child's everyday life is an important part of the training. Over the years I have worked with this I realised that I was visualising the process of structure as something with four corners which could be tightened or loosened depending on a child's stuttering level. What then came to mind was a flower press. For those of you who have never heard of such a thing I will give you a description..and then something to visualise.. and then explain how it works for our purposes!

A flower press is a device which is used for flattening and preserving flowers. Drying out flowers to show as botanical specimens has been known for at least 500 years though it became an art form in Victorian times when flowers were traditionally pressed between the pages of large, heavy books. Nowadays you can buy special devices to do the same thing, a square of wood with screws at each corner, which you can tighten or loosen according to your needs. While I am no flower presser myself it serves my purpose very well when considering the Lidcombe Program! The four identified corners of structure are:

1. The language level – length and complexity of language used
2. The topic – which interacts with the language level
3. The environment – where treatment takes place
4. The time frame – how much time in the day the child is receiving the contingencies

Below is a picture of the flower press and how it makes the safe arena for treatment.



Imagine a child with a very severe stutter. For a while all the corners of the flower press may need to be as tight as they could go- the **language level** may be around a single word for a while, the **environment** has no distractions (perhaps tabletop activities), the **topic** something very simple, maybe just single pictures, and the **time frame** 10 -15 minutes once or twice a day. At the other end of the scale, with no tight corners at all we have unstructured treatment- the **language** is whatever the child and parent are talking about, the **environment** wherever they happen to be at that moment, the **topic** whatever they wish to talk about and the **time frame** is all through the day. In effect the flower press is no longer there as the screws are as loose as they can be.

The flower press is useful in conceptualising movement from structured to unstructured because the idea of tightening or loosening of the screws is a

process that can be done step by step or in big jumps depending upon the child's level of stuttering. If a child moves easily through the programme then the turning of the screws is straightforward – e.g. with the topic screw it might go from books to more complex books, to toys etc with the language complexity following suit, until the screws no longer need to be applied. Of course within any treatment session the language screws are manipulated as you go along, tightening and loosening as the need arises to keep the child virtually stutter free while encouraging as 'normal' a conversation as possible.

The analogy can be used further to work through any potential problems which might arise, for example if a child gets 'stuck' anywhere in the process of treatment. I have had children who, because they have been very severe at the start of treatment, have spent a lot of time in structured therapy sessions. It can happen that during these times they start to become very adept at 'smooth talking' but this is not generalising well to everyday speech.

One solution might be to loosen the environment screw, utilising activities which have their own inherent structure but are away from the tabletop. In the bath might be a good place to start as the other corners are easier to keep tight in this situation. Other similar ideas suggested by parents have included giving contingencies when helping their child get dressed after swimming, when unpacking the shopping, or the dishwasher, making the packed lunch for school with their child and so on. They kept the **language** screw at the required level, the **topic** ie clothes, shopping, dishes and lunch was linguistically easy, and the **time frame** was a few minutes. Only **where** they did the treatment had changed and because the child could now safely experience 'smooth talking' and parental verbal contingencies in real life, progress was made.

Other reasons for loosening the environment screw while keeping the others at a tighter level would be if the child doesn't like books, or tabletop activities, or even as described in Sally Lelièvre's case history above, when the parent is busy and struggles to find the time to sit down with their child. It does of course depend on the skill of the parent being able to keep control of the language in a more demanding and distracting environment. But in my experience the analogy helps parents develop their skills and creativity.

Of course these ideas are not new, changing the therapy environment is not a novel idea, it is indeed the stuff of therapy, but conceptualising it in this way provides a shape and a logic which makes sense to therapists and parents alike when faced with the challenge of treatment.

I could go on giving many examples of how to manipulate the four corners of structure, but I think you will have got the point by now! Just as a final example though we can see what is happening when we do 'unstructured treatment' in the clinic. In the clinic environment, a place which by its very nature is inherently structured, we are only able to get "as close to unstructured as is possible..." as it says in the training videos. This is because the **time frame** screw, and the **environment**, not to mention the kinds of

activities that we undertake in a clinic are harder to manipulate at this treatment level. The best we can do really is to loosen/ remove the **language** corner and even then the **topic** affects this. Hence the comment on the training video.

I would be very interested in any comments on the flower press you may wish to send me, any improvements, or areas where you feel it falls down. My contact email is kingstonee@talk 21.com

Reference

Packman, A., Onslow, M., Webber, M., Harrison, E., Lees, S., Bridgman, K., Carey, B. (2011). The Lidcombe Program of early stuttering intervention treatment manual.

Available from:

http://sydney.edu.au/health_sciences/asrc/docs/lidcombe_program_manual_2011.pdf

My very grateful thanks to Rosemarie Hayhow for reading this article and making suggestions about ways to improve it when I know she has a very busy schedule.

The following diagram is an attempt to make visual and succinct the way we can use resources in our treatment. It was designed (drawn on a flip chart) by one of my co-trainers, Sally Wynne, at a workshop, to answer the frequently asked question about types and uses of equipment in the Lidcombe Program. After the workshop one of the participants, Susie Lloyd, from Scotland, sent us a computerised version, and Sally and I then made a few more changes. Any further improvements would also be appreciated!

LIDCOMBE RESOURCES

TANGIBLE REWARDS

GAMES - up to 20 pieces:

Fade them out by end of 1st month

E.g. Pop Up Pirate
Hungry Hippo
Hoppy Frogs
Magnetic Car
Pegboards, tokens

Win pieces and/or
play game at
end

Sticker books
Fuzzy Felt
Mr Potato Head
Jigsaw
Lotto

Win pieces as you go
along - as part of the
activity

BOOKS

- Simple picture books
- Lift the flap e.g. Spot
- Story book e.g. reading schemes
- Usbourne

Talking games (e.g. things that go
together, shopping game, feely bags)

STRUCTURED TREATMENT

Teddy/dolly
play
duplo/playmobil
tea set
dolls house
farm/zoo

NB If used in
structured
**KEEP
CONTROL OF
ACTIVITY**

TANGIBLE REWARDS

...throughout
treatment

Stickers
Stampers

UNSTRUCTURED TREATMENT

Any free play
activity

- Castle
- Pirate ship
- Fire station
- Train
- Garage
- Lego

TANGIBLE REWARDS

IF NEEDED

Basic home star
charts (winning
stars randomly)
and its variations
e.g.
Pass the Parcel
Treasure trail with
arrows
Home made track
chart etc
(see LN edition 39)

Child may
bring toys
from home

TIPS

1. Watch out for 'silent' games e.g. Lego
2. Free play activities can double as things to occupy the child while talking to parent
3. Rewards must not distract or cause loss of focus

Lidcombe News was delighted to receive the following article from Debbie Middleton and the Central England Lidcombe Link Group who have worked very hard to compile a list of resources useful during different stages of the Lidcombe Program. It serves as a very detailed complement to the above diagram of resources, expanding as it does in great detail the different types of equipment available.









Having been trained in using the Lidcombe Program (LP) a few years ago, I worked in 'Lidcombe isolation' with Mary Kingston as my email back-up for a few years until a group of therapists in a neighbouring Trust were all LP trained. 'Central England Lidcombe Link' was formed in July 2009, to provide peer support for myself and any local LP trained therapists, and we meet twice a year to:







- 😊 Problem-solve specific client-related issues
- 😊 Discuss successes in using LP
- 😊 Look at the consistency between Trusts including the place of LP on care pathways for children who stammer, outcome measures paperwork / EKOS, information provided to parents prior to commencing LP
- 😊 Share and discuss LP journal articles
- 😊 Share ideas on resources and rewards / motivators
- 😊 Feedback on current information from SIGs and courses
- 😊 Share practical ideas on how to implement LP and how to share this information with parents
- 😊 Drink tea and eat cake!

Over the past two meetings, there has been a focus on sharing resources and ideas for therapy sessions within clinic and at home, in both structured and unstructured phases of therapy. The results of these discussions have been collated into the following tables, which are comprehensive but by no means complete as all therapists have their more favoured activities, and ways of working are as individual as the families we work with. We felt that as we have learnt from each other's therapy ideas, other LP therapists might also find something new from our list with which to bring a different dimension to therapy, or revive therapy for any families that may have been carrying out the LP for a considerable time.

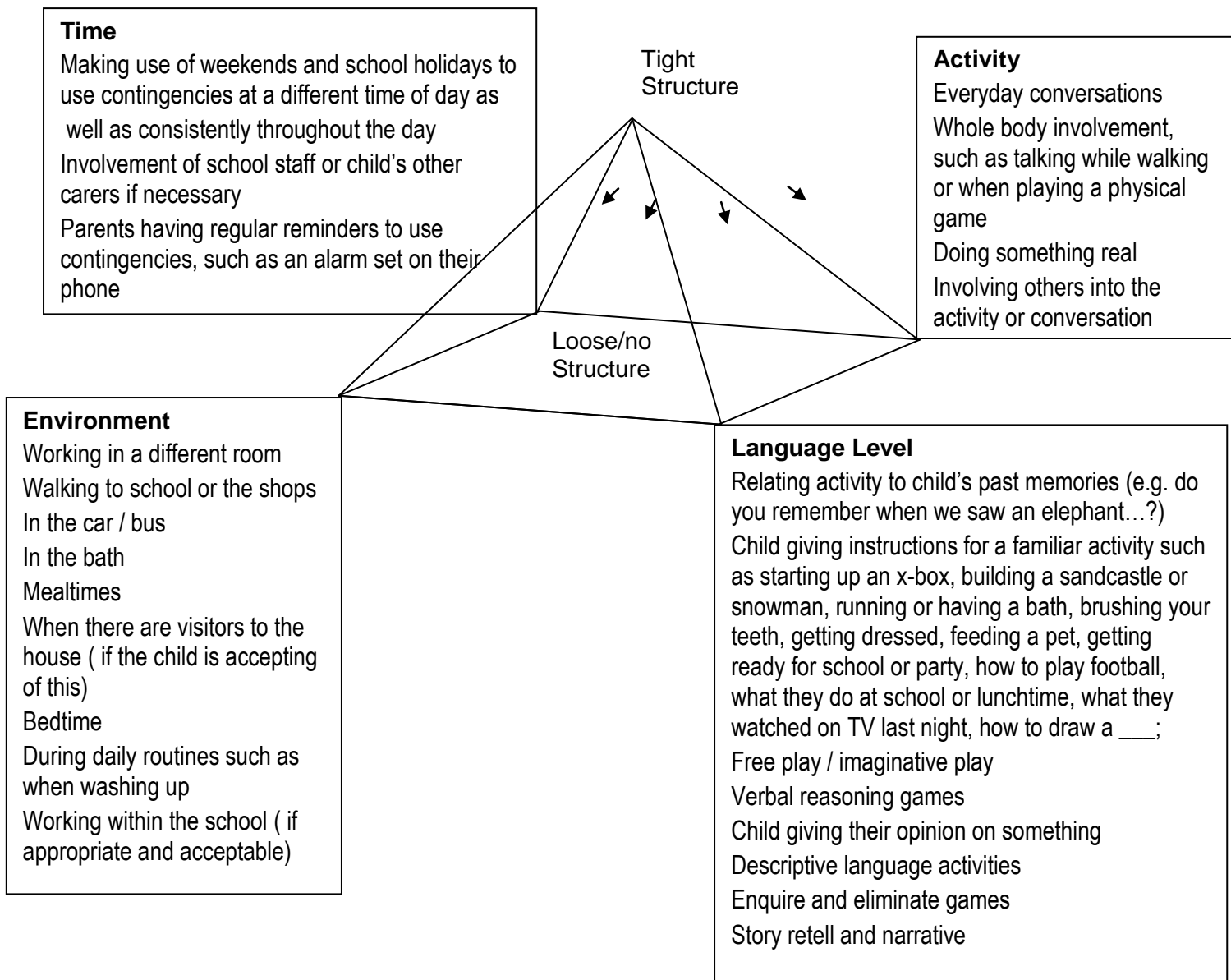
The activity ideas have been roughly grouped into stages, but many can be adapted. Any ideas other therapists can add to this list would be really appreciated.

Activity Ideas

Games and activities	Ideas for using activity at different levels:
<p>Tangible Rewards / Motivators</p> <p>Post box Polly the Porcupine (Winslow) Pop-Up-Pirate Hungry Hippos Buckaroo Puff the Pop-Up Dragon (ELC) Licking Lizards Springy Spiders (ELC) Monkey Business (ELC) Jitterbugs (ELC) Manic Martians (ELC) Crazy Octopus (Irwin) Snail Pace Race (Ravensburger) Marble run Build a Beetle (Chad Valley) Rocket Zoomers (ELC) Mr Potato Head (Hasbro) Skittles Leap Pad frogs Elefun (Mattel MB) Animal Buddies (Winslow) Tin Can Alley Penguin Pile Up Walk the Plank (Orchard Toys) Snakes and Ladders Connect 4 Operation Incy Wincy Spider (Orchard Toys) Jigsaws</p> <p>Uno Picture Dominoes Pass the Bomb Hot Potato game What Does Miss Bee See? Cards (Fun Deck)</p> <p>Tummy Ache (Orchard Toys) Greedy Gorilla (Orchard Toys) Round the Houses (Orchard Toys) Washing Machine Game (Orchard Toys) Shopping List (Orchard Toys) Wild World Lotto (Orchard Toys) Spotty Dog Game (Orchard Toys) Dotty Dinosaurs (Orchard Toys) Fishing game Kim's game 'Top 5' cards</p>        	<p>These can be used alongside books in the early stages of therapy.</p> <p>They can also be used alongside picture cards working at different levels of structure, such as:</p> <ul style="list-style-type: none"> ○ familiar objects ○ verbs ○ opposites ○ compare and contrast ○ what's wrong? ○ all about you, all about me ○ let's predict ○ what's being said ○ similarities and differences <p>(many of these are available from FunDecks)</p> <p>These games are ideal for children working with a very tight structure, even at a single word level. They use a wide variety of vocabulary within given categories. They can though also be adapted for longer utterances when required by changing the stimulus language</p> <p>These games are also ideal for single word level, as the cards depict one item which the child can name. You can however easily move on to structured phrases as required such as "I have a ..." or longer sentences such as "For my dinner I will have...", "When I went shopping I bought..."</p>

<p>Snooky the Snail game boards and cards Cut + stick games – incl. from ‘Easy Does It for Fluency’ Picture Lotto Who Knows Whose Nose? (ELC) Mini-Mysteries cards (Fun Deck) Misfits – mixed up heads / bodies / feet Guess Where? Game Compare Bears: family fun Where Do They Live? from ‘Easy Does It for Fluency’ Flowerpot Game (Orchard Toys)</p> <p>Books: You Choose (Nick Sharratt),  The Big Book of Crazy Mix-Ups (Nick Sharratt) Where’s Wally? 1001 Things to Spot (Usborne)  Magnetic storybooks</p>	<p>More general conversation can also take place around the pictures, using ‘how’ and ‘why’ questions such as “why is it important to eat healthy food?”, “why do we use a washing machine?”, “how would you use a ...”</p> <p>Again, these books can be used to move quickly from single words to sentences within one session when required.</p>
<p>Games for less structured tasks:</p>	
<p>Headbanz for Kids Guess Who (Hasbro) with free downloadable pictures Screatures (Taskmaster) Find Your Fish (Philip and Tacey) Sequence cards (Schubi) Sequence Stories (Easy Does It) Language for Learning (Harcourt, Brace + Jovanovich)</p>	 
<p>Less structured Language Topics which can be adapted as required</p>	
<p>Semantic Links Concept Snap ~ discuss <u>why</u> go together What’s Wrong? cards Semantic Dominoes (Big Leap) What Would You Do? Cards Black Sheep Narrative pack Story telling pages (Easy Does It) Role play Merry Maps Story telling jigsaw puzzle Non-text books Book: Once Upon A Time (Nick Sharratt)</p>	 

In the December 2010 meeting, we discussed generalisation issues – what activities to recommend to parents as we move away from table-top games and the structure becomes looser or (as far as is possible within the clinic) not there at all. I often visualise this process like a pyramid, with the tight structure moving down to a wider, unstructured base, by loosening the 4 parameters. Following this discussion, the diagram below was produced:



These tables were created to provide a 'tool box' of ideas for therapists, drawn from real life issues faced in the clinic setting, and from mixed experiences and working environments.

We hope you may find them a useful resource, and consider them as a work in progress which we would very much like others to add to regularly. If you have any ideas of games, activities, resources and experiences that you could share, please email debbie.Middleton@covworkpt.nhs.uk