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# **Lidcombe Program Treatment Time**

*Applying benchmarks  
to linguistically diverse children*

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# Goals of Study

- Replicate file audits, Jones et al, (2000) Kingston et al, (2004) Koushik et al., (2011)
- Establish benchmarks in treatment time for a clinic sample of children from linguistically diverse environments
- Discuss implications for service delivery and parent education



# Background

- Onset of stuttering typically in preschool
- Incidence 5-8.5%
- Efficacious early intervention is essential to assist clinical decision making, avoid long term consequences
- Can lead to negative consequences if untreated

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# Lidcombe Program

- Behavioral treatment
- Parents provide feedback
- Structured/unstructured conversations
- Measurement of stuttering
- Stage 1- no stuttering
- Stage 2- no stuttering for a long time



# Lidcombe Program

- Early studies supported development of LP
- Further studies using larger sample sizes suggested it was effective
- RCT results more efficacious than natural recovery
- Studies from outside Australia show similar results
- Long term benefits



# Koushik et al 2011

- Published in the International Journal of Speech Language Pathology
- North American replication
- File audit of 134 children
- 5 clinical sites
- 15 clinicians with varying degrees of experience



# Koushik et al 2011

- Median number clinic visits in Stage 1 = 11
- High pre-treatment severity predicted more clinic visits
- Infrequent attendance of mean 11 days + resulted in shorter treatment times



# The Question

Could Koushik et al be replicated on a linguistically diverse population and achieve the same outcomes?





# Findlay & Shenker 2011

- Retrospective file audit
- Replication of Koushik et al 2011
- 52 Children
- Age: 33 to 71 months (Median: 50 months)



# Findlay & Shenker 2011

- 43 Males/ 9 Females
- Assessed between: August 1998 - March 2010
- Treated at the Montreal Fluency Centre



# Subjects

- Stuttering diagnosed by an experienced SLP trained in Lidcombe Program
- No concomitant communication disorders
- Linguistically Diverse Environment



# Study Specific Definition

A Linguistically Diverse Environment refers to an environment in which the child is exposed to two or more languages in home and/or school/daycare setting, as reported by the parent during the initial assessment of the child.



# Methodology

- Files selected based on outlined inclusion criteria
- Files reviewed by first author
- Data collected using a standard form and pre-determined evaluation technique
- 40 files were re-evaluated by two research assistants trained independently
- Data analysed using descriptive statistical techniques only



# Methodology

**Dependent Variable:**

Time to Stage 2

**Predictor Variables:**

Gender

Age at first treatment visit

Onset to treatment interval

Stuttering severity (*%SS at the first treatment visit*)

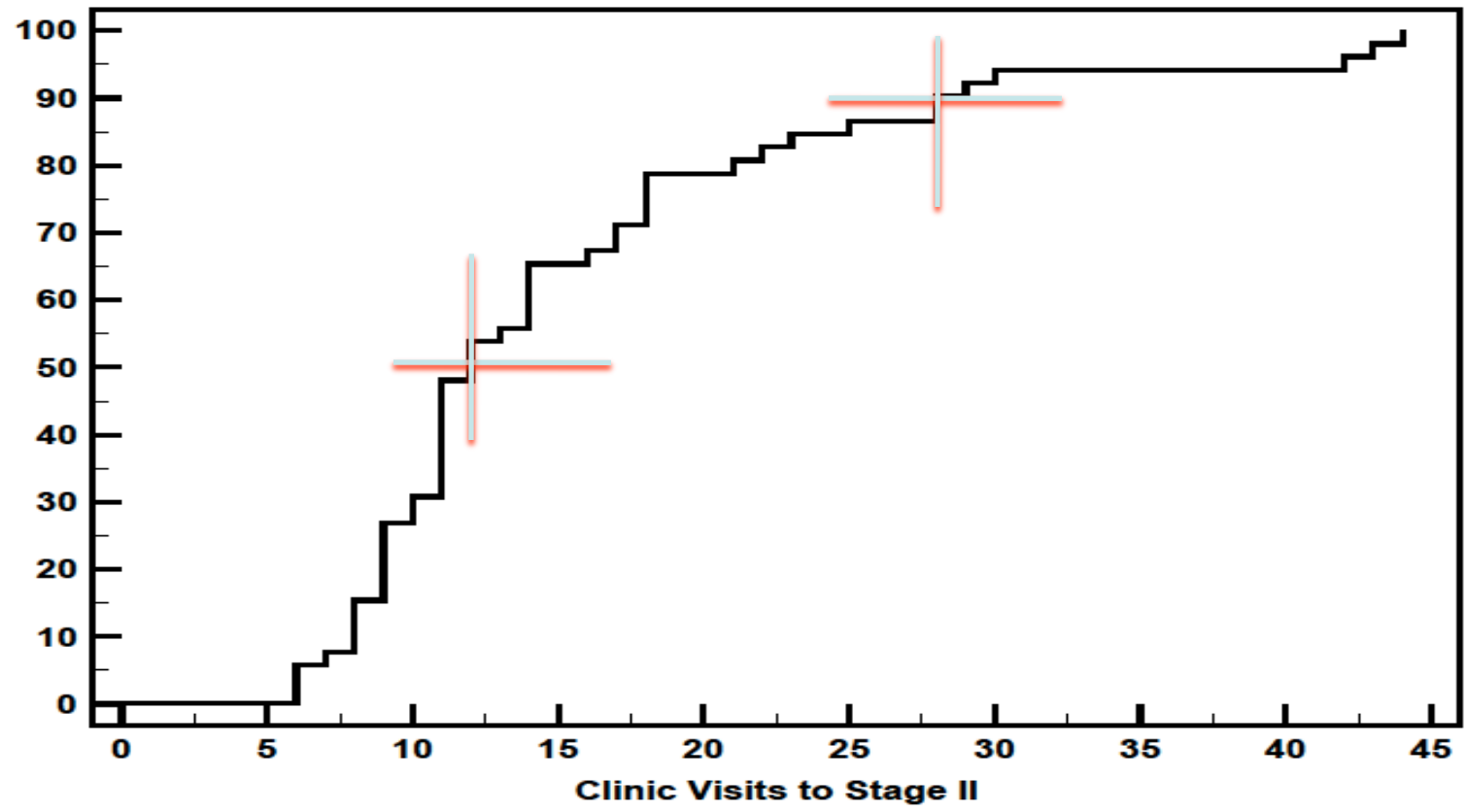
Linguistic diversity (*2+ languages*)

# Results



|                       | <i>Onset to treatment<br/>(months)</i> | <i>Clinic Visits to<br/>Stage II</i> | <i>Stuttering Severity<br/>at first treatment<br/>(%SS)</i> |
|-----------------------|--|--------------------------------------|---|
| Median                | 15.0                                   | 12                                   | 5.0   |
| Standard<br>Deviation | 9.9                                    | 9.2                                  | 4.5   |
| Range                 | 4 - 43                                 | 6 - 44                               | 0.5 - 19.6  |

# Results





# Results



## Predictor variables: Age at first treatment

|                      | <b>Less than 4<br/>years</b> | <b>4 years and<br/>older</b> |
|----------------------|------------------------------|------------------------------|
| Sample Size          | 23                           | 29                           |
| Median Clinic Visits | 13                           | 12                           |

# Results

## Predictor variables: Gender

|                      | <b>Male</b> | <b>Female</b> |
|----------------------|-------------|---------------|
| Sample Size          | 43          | 9             |
| Median Clinic Visits | 13          | 9             |

# Results



## Predictor variables: Onset to Treatment Interval

|                      | <b>Less than 12<br/>mths</b> | <b>12 mths or<br/>more</b> |
|----------------------|------------------------------|----------------------------|
| Sample Size          | 19                           | 31                         |
| Median Clinic Visits | 14                           | 11                         |

# Comparison to Koushik et al

## Age at first treatment visit (months)

|                    | <b>MFC</b> | <b>NA</b> |
|--------------------|------------|-----------|
| Sample             | 52         | 124       |
| Median             | 50         | 49.5      |
| Standard Deviation | 11.2       | 9.5       |
| Range              | 33 – 71    | 31 – 71   |

# Comparison to Koushik et al

## Onset to treatment interval (months)

|                    | <b>MFC</b> | <b>NA</b> |
|--------------------|------------|-----------|
| Sample             | 51         | 122       |
| Median             | 15         | 13.0      |
| Standard Deviation | 9.9        | 10.2      |
| Range              | 4 – 43     | 1 - 53    |

# Comparison to Koushik et al

%SS at first treatment visit

|                    | <b>MFC</b> | <b>NA</b> |
|--------------------|------------|-----------|
| Sample             | 51         | 131       |
| Median             | 5.0        | 5.0       |
| Standard Deviation | 4.5        | 5.1       |
| Range              | 0.5 – 19.6 | 0.3 - 32  |

# Comparison to Koushik et al

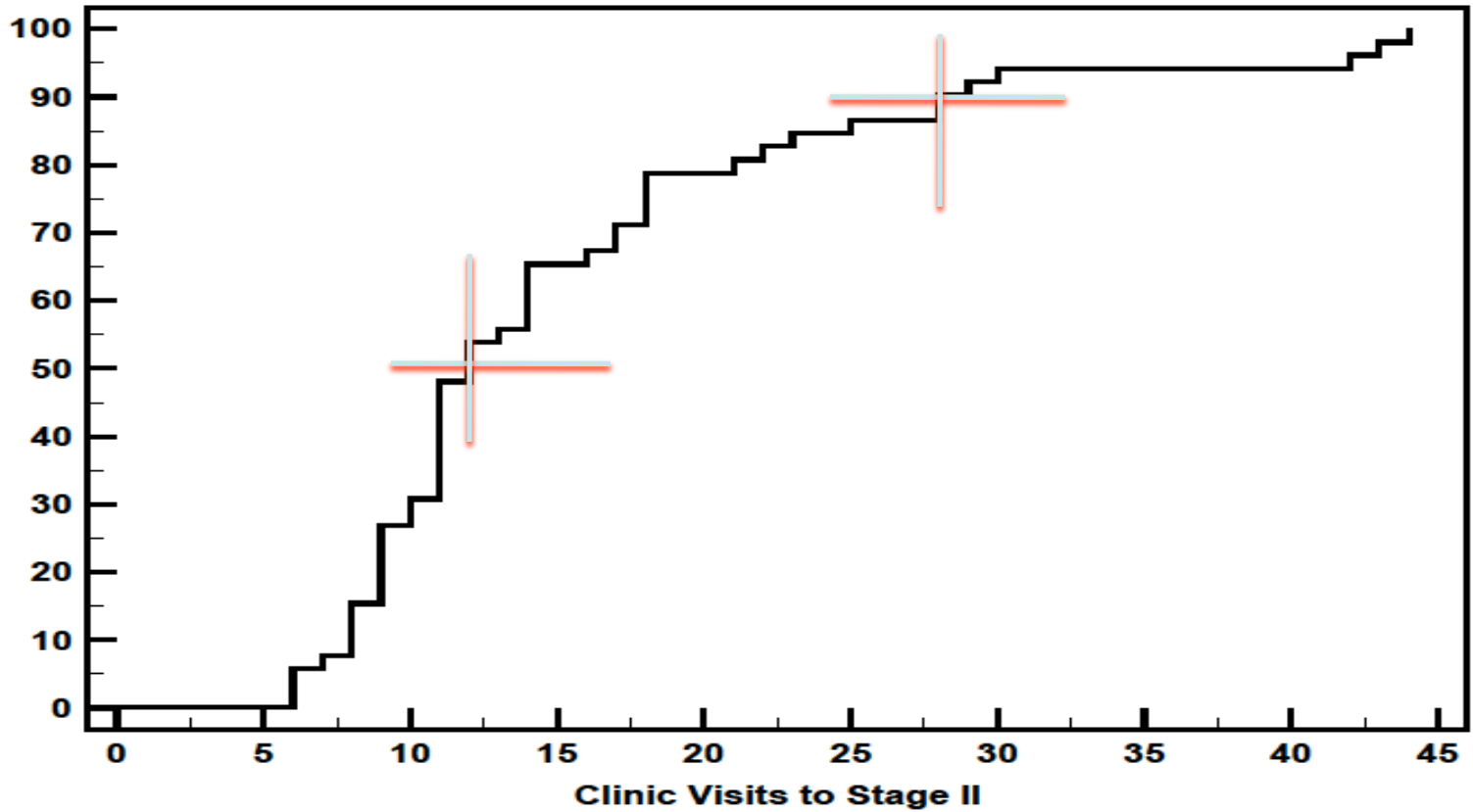
## Number of visits to stage 2

|                    | <b>MFC</b> | <b>NA</b> |
|--------------------|------------|-----------|
| Sample             | 52         | 124       |
| Median             | 12         | 11        |
| Standard Deviation | 9.2        | 5.8       |
| Range              | 6 – 44     | 4 - 44    |



# Comparison to Koushik et al

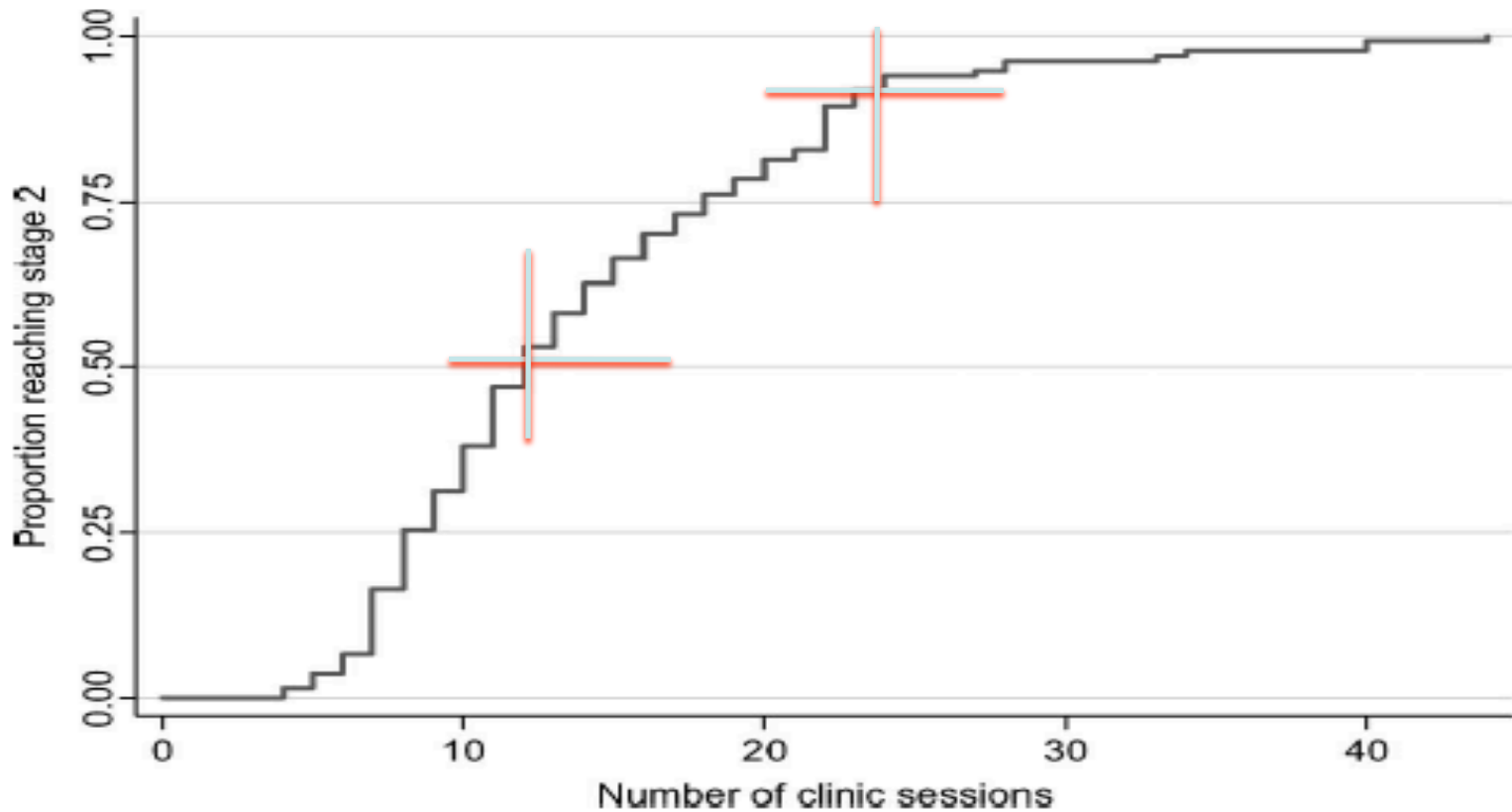
## MFC File Audit





# Comparison to Koushik et al

## NA File Audit





# Results

- Clinical sample shows similar benchmarks as NA, British and Australian study
- Linguistic diversity does not negatively impact treatment outcomes



# Results

## Predictor Variables

- Of the four predictor variables identified, only one was significant in the NA file audit
- NA file audit showed an association between stuttering severity and clinic visits
- Children with %SS greater than 5% at first treatment visit were 4 times more likely than the milder to require more than 12 visits



# Results

## Predictor Variables

- MFC file audit shows a similar association between stuttering severity and number of clinic visits as the NA file audit
- Children in the more severe category took an average 14 visits to complete Stage 1, and those in the less severe category took an average of 11 visits



# Conclusion

- Outcomes similar to other retrospective file audits
- Linguistic diversity did not impact treatment time
- Results lend support to the argument that bilingualism is not a risk factor in treatment of early stuttering