



Paper to Practice.

A mixed-methods study of rolling-groups as a delivery model for the Lidcombe Program treatment for early stuttering within regional communities



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Aim

The Lidcombe Program (LP) is considered the strongest evidence-based treatment for young children who stutter. Unfortunately, the traditional individual model consumes a large proportion of clinical hours with the potential to dramatically extend the waiting times for children with other communication issues. This study aimed to determine if the LP delivered in a rolling-group model, by community health-based speech pathologists (SPs), would achieve comparable stuttering reduction outcomes to those published in the literature that often originate from specialist stuttering clinics. Moreover, would a rolling-group model be perceived as a viable and an effective alternative by the clinicians who delivered the program?

Methods

A mixed-methods study was conducted across 4 Northern NSW Local Health District (NNSWLHD) community health centres. A prospective, pre-post measurement design was used to investigate the reduction of stuttering severity of 21 children aged between 2 years 9 months and 6 years who received the Lidcombe Program in a rolling-group model. Measures of stuttering severity were conducted at assessment and 6 months and 9 months post-commencement, with repeated measures ANOVA used to assess differences between scores. Semi-structured interviews were conducted with the 5 participating SPs to ascertain their perceptions pertaining to the viability of this innovative rolling-group model.

Results

Children participating in the LP rolling-groups achieved significantly reduced stuttering severity with the mean percent syllables stuttered (%SS) reducing from 7.4 (SD = 3.9) at initial assessment to 1.4 (SD = 1.7) at 6 months post-commencement ($p=0.001$). Mean parent-clinician agreed severity rating (SR) decreased from 5.3 (SD = 1.6) to 1.6 (SD = 1.0) ($p<0.001$) across the same timeframe. Children completed active treatment reaching Stage 2 in a median of 7 clinical hours, which is lower than literature benchmarks. Participating SPs universally supported the rolling-group model. Themes drawn from the interviews described logistical challenges, the need for proactive support when moving to a rolling-group model and a desire to embrace practice change.

Conclusion and Implications

Rolling-group delivery of the LP by SPs who do not specialize in stuttering within community health centres, is both efficacious and perceived by clinicians to be a viable alternative to traditional individual treatment. This real-world translational research evidence provides further incentive for SPs to embrace the rolling-group model for the treatment of stuttering in early years, particularly where clinical hours are scarce and waiting lists daunting.

Keywords: Lidcombe Program, stuttering, rolling-group model, children, community health

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Nicole Rappell is a Generalist Speech Pathologist working a Byron Bay Community Health. Originally trained in London and specializing in the field of Alternative and Augmentative Communication, she sought the warmer climate of Australia and upon returning developed a passion for working with children who stutter and their families.



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