

The Lidcombe Programme

Review: [Foundations for Life](#), July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

The Lidcombe Programme is for parents with a child (aged three to six) with a diagnosed stuttering problem.

The programme is delivered by qualified speech and language therapists, trained to use the manualised Lidcombe protocol. It is delivered in two stages that are determined by the child's progress with a typical period of treatment lasting between six and 12 months.

During stage one, parents attend weekly visits where they are coached in strategies in responding appropriately to periods of stutter-free speech and unambiguous stuttering. Parents are expected to set aside time to work with their child on a daily basis, as well as to develop strategies for everyday interactions. Stage two begins once the child's stuttering has disappeared or dropped to a very low level. At this point, clinic visits are reduced but not stopped so that parents can learn maintenance strategies should the stuttering reappear.

Evidence
rating: **2+**

Cost rating: **2**

EIF Programme Assessment

The Lidcombe Programme has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence
rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Enhancing school achievement & employment

Reductions in stuttering

Based on study 1

Based on study 2

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Out-patient health setting

The programme may also be delivered in these settings:

- Out-patient health setting

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
-

Where has it been implemented?

Germany, New Zealand

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- programmes for children with recognised or possible special education needs
-

About the programme

What happens during delivery?

How is it delivered?

The Lidcombe Programme is delivered by one speech-language therapist, speech pathologist or speech-language pathologist over 16 sessions of 45–60 minutes to individual parents and their children.

What happens during the intervention?

- The programme starts with a structured conversation that is designed to facilitate stutter-free speech. This allows the parent the opportunity to present plenty of positive verbal reinforcement to encourage fluent speech.
- The first stage of the intervention consists of training sessions at home where they are taught how to respond appropriately to encourage fluent speech.
- When parents have been observed practicing the various behaviours designed to encourage stutter-free speech, the conversations progress to less structured conversations outside the training sessions and outside the home.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers the programme is a speech-language therapist, speech pathologist, speech-language pathologist with QCF-4/5 level qualifications.

What are the training requirements?

- The practitioner has 14 hours of programme training. Booster training is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by a host-agency supervisor qualified to QCF-4/5 level with no required training.

What are the systems for maintaining fidelity?

Not available

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Stuttering in children typically occurs between the ages of two and five.
- Parents can reduce the incidence of stuttering in their children through verbal and non-verbal behaviour, designed to encourage fluent speech.
- Parents learn how to praise and acknowledge stutter-free speech, acknowledge unambiguous stuttering, and encourage their children to correct themselves when they stutter.
- In the short term, parents are better able to encourage fluent speech without causing their child distress.
- In the longer term, stuttering is reduced.

Intended outcomes

Contact details

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About the evidence

The Lidcombe Programme's most rigorous evidence comes from two RCTs which were conducted in New Zealand and Germany.

These studies identified statistically significant positive impact on child outcomes.

A programme receives the same rating as its most robust study, which in this case are the Jones et al. (2005) and Lattermann et al. (2007) studies, and so the programme receives a Level 2+ rating overall.

Study 1

Citation: Jones et al (2005)

Design: RCT

Country: New Zealand

Sample: 54 children with an identified stuttering problem

Timing: Post-test

Child outcomes:

- Reductions in stuttering
-

Other outcomes:

- None measured
-

Study rating: 2+

Jones, M., Onslow, M., Packman, A., Williams, S., Ormond, T., Schwarz, I., & Gebski, V. (2005). Randomised controlled trial of the Lidcombe programme of early stuttering intervention. *British Medical Journal*, 331(7518), 659. doi:10.1136/bmj.38520.451840.E0.

Available at <http://www.bmj.com/content/331/7518/659>

Study design and sample

The first study is an RCT.

This study involved random assignment of children to a Lidcombe Programme treatment group and a no-treatment control group.

This study was conducted in New Zealand, with a sample of 54 children (between three to six years of age) wait-listed for stuttering treatment.

Measures

Proportion of syllables stuttered assessed through audiotape recordings by experienced speech pathologists (blind to assignment) (expert observation of behaviour).

Findings

This study identified statistically significant positive impact on one child outcome: reductions in stuttering.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of intention-to-treat analysis, hence why a higher rating is not achieved.

Study 2

Citation: Lattermann et al (2007)

Design: RCT

Country: Germany

Sample: 46 children with an identified stuttering problem

Timing: Post-test

Child outcomes:

- Reductions in stuttering
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Other outcomes:

- None measured
-

Study rating: 2+

Lattermann, C., Euler, H.A., & Neumann, K. (2007). A randomized control trial to investigate the impact of the Lidcombe Program on early stuttering in German-speaking pre-schoolers. *Journal of Fluency Disorders*, 33, 52-65.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/18280869>

Study design and sample

The second study is an RCT.

This study involved random assignment of children to a Lidcombe Programme treatment group and a no treatment group.

This study was conducted in Germany, with a sample of 46 children (aged three to six) with a diagnosed stuttering problem.

Measures

Child stuttering frequency was audio recorded during spontaneous play (at home and clinic) and were assessed by a speech pathologist (blind to group assignment) (expert observation of behaviour).

Findings

This study identified statistically significant positive impact on one child outcome: reductions in stuttering.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity around how randomisation was conducted, hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Arnott, S., Onslow, M., O'Brian, S., Packman, A., Jones, M., & Block, S. (2014). Group Lidcombe program treatment. *Journal of Speech, Language and Hearing Research*, 57, 1606-1618 - **This reference refers to a randomised control trial, conducted in Australia.**

Franken, M.J., Kielstra-Van der Schaika, C.J., & Boelens, H. (2005). Experimental treatment of early stuttering: A preliminary study. *Journal of Fluency Disorders*, 30, 189-199 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Jones, M., Onslow, M., Packman, A., Williams, S., Ormond, T., Schwarz, I., & Gebski, V. (2005). Randomised controlled trial of the Lidcombe programme of early stuttering intervention.

doi:10.1136/bmj.38520.451840.E0 - **This reference refers to a randomised control trial, conducted in New Zealand.**

Lattermann, C., Euler, H.A., & Neumann, K. (2007). A randomized control trial to investigate the impact of the Lidcombe Program on early stuttering in German-speaking pre-schoolers. *Journal of Fluency Disorders*, 33, 52-65 - **This reference refers to a randomised control trial, conducted in Germany.**

Lewis, C., Packman, A., Onslow, M., Simpson, J.M., & Jones, M. (2008). A Phase II Trial of Telehealth Delivery of the Lidcombe Program of Early Stuttering Intervention, *American Journal of Speech-Language Pathology*, 17, 139-149 - **This reference refers to a randomised control trial.**

O'Brian, S., Iverach, L., Jones, M., Onslow, M., Packman, A., & Menzies, R. (2013). Effectiveness of the Lidcombe Program for early stuttering in Australian community clinics. *International Journal of Speech-Language Pathology*, 15, 593-603 - **This reference refers to a quasi-experimental design, conducted in Australia.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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