



Lidcombe News



September 2014

Edition 50

Well...here we have the last Lidcombe News... under my editorship anyway. I am slipping happily into retirement as of October, trying out some new things... the most important of which is being a grandmother for the very first time!

So far no-one has decided to take over Lidcombe News so I thought this edition should be about the indexing of all previous editions (1998-2014) in order that you may easily access the information you might need in the future. I have therefore sent you two attachments with this newsletter, the first of which categorises all the articles into topics with the author, edition and page number for each item. As you might imagine this has been a huge job given the amount of information there is and I would therefore like to thank Kate Morley for giving up her valuable time and helping me with this Herculean task. Separate from this, in the second attachment, I have indexed all the Dear Sues (DS) and the Just Explain That Again (JETA) questions and answers. The entire collection of past Lidcombe News editions along with these two index systems will be available on the new Lidcombe website in the near future. In addition to all this the entire collection of DS, and the JETAs which continue to be relevant, have been put together in separate compilations for ease of access. When the website is up and running I will email you all with information on how to access the site.

But there is more to this final edition than that! As usual we have a new Dear Sue and Just Explain That Again, along with a bit of information on how our team of agony aunts came into existence, and even what some of them look like. There was a recent Dear Sue get-together in Sydney, Australia, and they sent us a photo! We also have a Talking Heads section for our final edition with a somewhat nostalgic look at how and when the Lidcombe Program arrived in the UK as Rosemarie Hayhow and I, prompted by Rosalee Shenker, sift through our experiences over a glass of wine.

As ever though we start with our Dates for your Diary, with news of Link Days and Lidcombe workshops both in the UK and abroad. (Workshops taking place in North America may be found on the Montreal Fluency website, and the Australian Stuttering Research Centre also has its own CPES section).



Contents

Pages 1-3
News, Link days and workshops

Pages 4-6
Who is Dear Sue?.. and the latest one

Pages 7-9
Just Explain That Again...

Pages 10-17
Talking Heads..a conversation with Rosemarie, Mary and Rosalee

Page 18
Lidcombe Pie:
News about the indexing of everything that has been ever in Lidcombe News (well..sort of..)

There are 2 attachments to this newsletter, the index of articles and the index of Dear Sue and JETA



DATES FOR YOUR DIARY

Norwich is holding its Link day on **Tuesday, October 21st 2014** from **9-3**. As well as the usual case discussion and problem solving, the new LPTC trainer, **Corinne Moffatt**, will be giving a presentation on **'Using the Lidcombe Program with Bilingual Children and Families'**- not to be missed! **Venue: 40, Upton Road, Norwich, NR4 7PA**. Bring/buy your own lunch. **Contact:** Sally Lelièvre for details, directions etc. on tel. **01603 508959**, or email: **Sally.Lelievre@nchc.nhs.uk**

Central England Lidcombe Link: Wednesday 17th December 2014 in **Coventry**. **Contact:** Debbie Middleton on email **debbie.middleton@covwarkpt.nhs.uk** for further details. Topics to include any updates following the LP training sessions, and managing SLT students within LP clinics.

London Lidcombe Link: Corinne Moffatt, the new LPTC trainer for the UK (now that I am leaving) is looking to set up a Link day for the London area. If you are interested in attending such an event contact her on email: corinne@cantalkltd.co.uk

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.***

The workshop to be held by Corinne Moffatt and Sally Wynne in **London** on Tuesday and Wednesday, **October 14th and 15th 2014** at the Royal College of Speech and Language Therapists **is now full**. It was so oversubscribed that they will however be holding another workshop in **January 2015** at the same venue. (**See below**. Book quickly as places have already been allocated).

Corinne Moffatt and Sally Wynne are holding a workshop in **London** on Tuesday and Wednesday, **January 20th and 21st 2015** at the Royal College of Speech and Language Therapists.

Contact **Sally Wynne** on email: **lidcombe@live.co.uk** or **Corinne Moffatt** on email: **corinne@cantalkltd.co.uk** for a flyer and booking form for this course, or for any other enquiries.

A workshop is being held in Kuala Lumpur, Malaysia, on **October 20th & 21st 2014**. The trainers are Dr. Valerie Lim and Dr. Etain Vong. For further details and a booking form contact Etain Vong on email: etain11@gmail.com The workshop will be held in English without interpreters.

A workshop is being held in Coventry on Tuesday and Wednesday **December 9th and 10th 2014** with Corinne Moffatt and Debbie Middleton as the trainers. Contact Debbie Middleton on email: debbie.middleton@covwarkpt.nhs.uk for further details and a booking form.

A workshop is being held at Knockbracken Healthcare Park, Belfast, N.I. on Wednesday and Thursday, **January 28th & 29th 2015**. The trainers will be Corinne Moffatt and Suzanne Smith. Apply on line at www.cec.hscni.net The closing date for this course is 27/11/14.

MISCELLANEOUS

1. Queries about **dates for future workshops** can be sent to Corinne Moffatt, Rosemarie Hayhow or Sally Wynne. Once the new website is open then UK courses will be advertised there. In the meantime you could contact Corinne, Rosemarie or Sally whose respective emails are as follows: **corinne@cantalkltd.co.uk** **rosemariehayhow@btinternet.com** and **lidcombe@live.co.uk**

2. As you know, both Rosemarie Hayhow and I are soon retiring though Rosemarie will carry on a bit longer than me. If you have any queries about cases, or the Lidcombe Program in general, could you send them to Corinne or Rosemarie.

I am happy to deal with questions up until the end of October but will refer anything you send after that to my colleagues.

3. I will also be contacting you about the new Lidcombe website when it is up and running which we hope will be before the end of the year.

And so...farewell!

Who is Dear Sue?

The 'Dear Sue' and 'Just Explain That Again' are a popular part of the Lidcombe Newsletter. 'Dear Sue' appeared in the very first newsletter which was produced shortly after the first training courses in the United Kingdom back in January 1998. These workshops were led by Sue O'Brian from the Australian Stuttering Research Centre (ASRC) and she kindly agreed therefore to be our first agony aunt. This role has since been taken over by the Stuttering Unit in Bankstown, Sydney, and over the sixteen years that the Lidcombe News has been running 'Sue' (who is really a team of people) has changed her identity several times in response to the changes at the unit. The questions we have asked these clinicians to answer for us have in the main been ones that have come up in the Lidcombe Link days. The solutions suggested have been of immense value in facilitating our own problem solving of cases, and in keeping our ideas in line with the programme's parameters. There are now 50 of these 'Dear Sues' and the complete list of topics with the location of the relevant edition is in the index section attached to this newsletter. **All the Dear Sues and Just Explain That Agains will be available in documents separate from the newsletters on the new Lidcombe website when it opens.** If you can't wait, several of the later 'Dear Sues' are currently downloadable within the back editions of the Lidcombe News which can be found on the Montreal Fluency Website: www.montrealfluency.com (follow the link to Lidcombe, and Lidcombe News). For those topics that are not available there you may contact me at kingstonee@talk21.com and I will email the letters to you (until the end of October 2014). Similarly I can email you the JETA compilation document on request.

I would like to say a huge thank you to all the Dear Sues over the past years and I know you will all join with me in praising (and acknowledging, though we'll leave the self-evaluation to them!) their expertise and advice which has been so invaluable to us all. Below, as a tribute to all their hard work, we have a picture of a good number of them at a get-together in Sydney this year. We then have our final Dear Sue and Just Explain That Again... on the following page.

Left to right

Back Row: Angela Nikolas, Margaret Webber, Sue O'Brian, Wendy Lloyd, Elisabeth Harrison

Front Row: Mary Erian, Verity MacMillan, Stacey Sheedy, Vanessa Harris





Dear Sue

I would welcome your advice about whether the LP is appropriate for a little girl I have been working with. Renée is coming up for four years old and has some emotional and anxiety difficulties. She does not want her mother to leave her at all. Even if her Mum walks towards a door she can get upset. For example she refused to go to nursery for a couple of weeks because of this though since her Mum spoke to a child psychologist they have managed to get her back to the nursery. Her mother worries a lot about her and her stuttering. Her severity ratings are around 5-6 in an average week, and we have seen no change in the six weeks she has been coming to clinic.

I also see this anxiety when we are working together. She is inconsistent even within a session about what length of utterance we can manage. Sometimes she can be stutter-free on short phrases, though not always. Today was a particularly hard day for her- which is why I am writing to you- and she wasn't even fluent on two word utterances. The stutters were repetitions, not blocks, and at times she wouldn't even stutter out loud. I could hear her repeating the sounds but she wouldn't voice them.

I have noticed recently that she is much more fluent in free play, and that it is only when we work together, structuring her in the tasks her mother and I do with her, that the stuttering becomes as difficult as I have described above. Because she is not stutter-free at much more than 3 word utterances we have been using books and simple pictures with her. I believe that play materials are only for later, when her treatment becomes unstructured? I have taught her mother just to use simple questions, and simple vocabulary, when working with Renée to keep her responses short. I am wondering though whether this is making her more anxious because it is so focused on her speech?

It is this question of focus that is making me question the rightness of using the Lidcombe Program. Should we be making her focus on her stuttering in this way when she is such an anxious little girl?

Renée sounds like a challenging child to successfully treat in a safe and appropriate manner. What would be fun, easy and rewarding for most children may not be so for her. As she has a high level of anxiety perhaps her perception of treatment "tasks" as you refer to them is different to the one you are wishing to project. The Lidcombe Program must be fun and a positive experience. However, Renée seems to be responding to structured treatment conversations with books and pictures in a negative way. This needs to change.

Renée has reacted to structured therapy conversations using books by her stuttering severity increasing. This is directly opposed to the desired outcome. Structured conversations only exist to generate the stutter free speech required to apply verbal contingencies. There is no set stimulus material that you should use to generate conversation at any stage in the Lidcombe Program. While books are often simple and useful options, structured conversations are not defined as or limited to conversations generated by books. Skills that parents learn to maximise stutter free speech are transferable to many stimulus materials and the more variety a parent can bring to treatment, the better. You have already identified that Renée's severity is reduced during free play. You may be able to use this to your advantage, joining in her play or even parallel playing and applying verbal contingencies as you go. Do not be limited by the stimuli. Instead simply consider the goal of the therapy conversation to be increasing the amount of stutter free speech and applying verbal contingencies to it in an appropriate manner for Renée.

As Renée has already reacted negatively it will be important to carefully consider which verbal contingencies you use and how you apply them to her speech. It may be wise to avoid contingencies on stutters or any contingency that implies judgement. Discuss with Renée's mother how she encourages other aspects of behaviour and ensure that the verbal contingencies used for Renée's speech are similar to those she would hear for other achievements.

The worry that you have observed in Renée's mother about stuttering must be addressed. Renée may be responding to her mother's anxiety as well as or instead of being anxious about the treatment conversation herself. Children can be very skilled at reading parents, so Renée's mother needs to be careful about keeping her approach to treatment conversations positive and light hearted. Spending time training Renée's mother will be very important to make sure that she is confident and skilled with your support before she is expected to do these therapy conversations with Renée alone at home.

With regard to the anxiety you have described in both Renée and her mother, it may be that they would both benefit from referral to a psychologist who can help them to manage it. Simple strategies may be able to be implemented that will benefit them both and learning about anxiety management from a psychologist may greatly enhance parental skill. Many of these skills will transfer directly to a parent's ability to deliver the Lidcombe Program effectively. As Renée is still young it may be beneficial to investigate such an option and if it is considered a priority, you may even postpone the Lidcombe Program until anxiety management is at an appropriate level.



Just explain that again...



 *Could you clarify something for me about the parent Severity Ratings. In my workbook it says that when we are teaching the parents to rate the home SRs we can either do all day scores or "a speaking task" each day. Can you explain again how/why we decide which to do? Are the speaking tasks meant to be 5 minutes, half an hour, or what length? Finally, when do we go to a whole day score - which I assume we must do in order to go into Stage 2?*



The purpose of severity ratings is to get the best possible measurement of the pattern of stuttering that is occurring in the child's speech from day to day. They are used to assess progress and guide treatment decisions. Ideally, a daily severity rating would give you that information. However, there may be circumstances in which you would choose to get a smaller or more detailed 'snapshot'. For example, if a parent is finding it difficult to identify stutters, they may take a severity rating over a period of 10 minutes listening carefully in order specifically to assess that portion of their child's speech. Once the parent has become more proficient at identifying stutters, they should start taking daily ratings. There may also be times when the parent reports periods in the day or situations when the stutter is either higher or lower than the child's typical severity for the remainder of the day. As this might influence how you tailor treatment, you could get the parent to take a rating of the child's typical speech, as well as during those times or situations when the severity varies. The length of time you ask a parent to specifically measure may vary from child to child and as each child progresses. A daily severity rating should be used as soon as it accurately represents the child's speech. Towards the end of Stage 1, the child's daily severity should be more stable at 1s and 2s, and therefore, a daily severity rating is often sufficient.

It is always important to reflect on why severity ratings are part of the Lidcombe Program. That is, to measure progress and guide clinical decision making. If you feel that more information is required about a child's stuttering

in order to make optimal clinical decisions, then you may need to change how they are collected. Ask a parent to rate specific shorter periods as well as a whole day measure. Other additional measures such as stutter counts can also provide you with useful clinical information.

 *I have been working with a father who thinks it would be a good idea if other people, as well as himself, started to give contingencies. His little boy is now at SR 2s and 3s but he is not with his son all day so he wondered whether his partner, or the teacher, or even his teenage daughter might be able to help out. What is your opinion on this, and how should it be handled?*

 Clinical reasoning particularly focused on the child's progress should be used when deciding whether or not to train another person to deliver treatment to the child. In this instance, if the lack of time that the father spends with the child is seen as a barrier for treatment and is potentially inhibiting progress, it may be beneficial to involve another person in the treatment. It is essential that all people who deliver treatment to the child are trained to do treatment safely and correctly, and that the speech pathologist can monitor the treatment that is delivered by all parties.

It is not recommended that more than one other person is trained as this could result in an over-emphasis on the child's speech. Monitoring the safety of treatment delivered by more than two people could also become very complex.

If a decision is reached to train another person to deliver treatment to a child, a family member who spends a lot of time with the child and who is able to attend clinic visits would be an ideal choice. While teachers tend to spend a lot of time with students during the day, it is generally quite difficult to train them accurately, for them to find the time to do treatment with children in a one to one environment, and for the speech pathologist to be able to watch and give feedback on how treatment is conducted. In this particular situation, the partner of the father if they are an adult caring for the child may be the first choice. If the teenage sister is an older adolescent who has taken on a care-giving role for the child within the family context, it may be appropriate to choose her. However such a decision should not be made lightly and should be

done in careful consultation with both the father and the sister, and the situation must be carefully monitored to ensure that treatment is optimal and to protect the relationship between the siblings.

 *I have always thought that we are lucky in the English language that we can use the terms 'smooth' and 'bumpy'! Do you though ever use other words? I have heard 'stretchy' can be used for prolongations, and 'stuck one' for blocks. Is it useful to use different terms, or does it become complicated for the child (and the parent!) if we differentiate the stutter types like this? What do you recommend?*

 Lidcombe Program verbal contingencies include acknowledgement of stutter free and stuttered speech. This can be in a variety of forms, including use of the terms "smooth" and "bumpy". Other words can be used if they are meaningful and non-punitive to the child. Acknowledgement of stutters must be neutral and provided less frequently than verbal contingencies for stutter free speech. Differentiation between types of stutters is not necessary.

Verbal contingencies for stutter-free and stuttered speech provided in other languages can be quite varied but still effective, provided that they are still specific to the behaviour, occur immediately after the behaviour, and still fall into the categories of acknowledgement, praise, request for self-evaluation and request for self-correction.

One scenario that should be considered specifically is if a child rejects terms such as "smooth" or "bumpy". In such a situation it may be possible to find words that are acceptable and meaningful to the child. Alternatively a decision to avoid acknowledgement and focus on other verbal contingencies (praise, request for self evaluation and/or request for self correction) may be appropriate.

Our grateful thanks for this edition's Dear Sue and Just Explain That Again.. go to Verity MacMillan, Mary Erian, Stacey Sheedy and Sally Nicoll.



What follows is a conversation between Rosemarie Hayhow, Rosalee Shenker and me one evening over a glass of wine in my kitchen in Norwich, England. Rosalee and Rosemarie were exploring North Norfolk with their husbands by bike and afterwards spent a few days at my home to recover... we then started to explore the Lidcombe Program...



Rosemarie

Talking Heads



Rosalee



Mary

Reminiscing about the Lidcombe Program

Rosalee: Rosemarie and Mary, can you tell me about studying at the Lidcombe Program in Australia?

Rosemarie: I'd heard Mark and Sue O'Brian talk about the programme in the summer of '96. On the basis of that I began working with 2 school aged children, from outside my area, who had had unsuccessful treatment in the past. I introduced their mothers to the Lidcombe Program and they agreed to try it. We saw considerable progress in their children and that was what prompted me to look for the funding to go to Australia and learn more.

Mary: I had a similar experience. Having gone to a talk by Mark Onslow I came back and tried the Lidcombe Program out with a patient of mine who'd been having trouble progressing with his treatment. We tried it, and both the mother and child loved the approach. I remember the mother saying her son gave her this look as if to say: "Well.. thank goodness you've noticed that something isn't as it should be!" He was fine with everything and ended up doing really well.

With this superficial understanding and a glimpse of how effective it could be, I was interested in learning more.

I sought funding from my Health Service Trust and since the empirical evidence backing the Lidcombe Program was looking good, they decided to fund me to go Australia...something which was unheard of at the time!

Rosemarie: I was funded by the British Telecom bursary. The thing that struck me most when we got to Australia - where they had set up a wonderful two weeks for us with a mixture of watching the clinicians, going to research meetings and all sorts of things in the university and clinics - what really struck me was the therapists, how sensitive they were with both the children and the parents and that it was nothing like the UK view of behavioural therapies, being much more child and parent centred. I wondered whether because the Australians hadn't abandoned behavioural therapies they'd had to make them more patient centred.

In the U.K. on the contrary, we **had** abandoned behaviour therapies... for being too insensitive, and we had gone down other routes.

The other thing that struck me was that by acknowledging what was happening to the child during speaking, by encouraging fluency, and by giving the child a moment when they could try something a little differently, (which didn't occur in the indirect therapies because you never gave the child, at the moment of stuttering, that space), it was like a bubble of time within their communication to practice and find strategies that could help them manage their stuttering.

Mary: ...to find their own ideal way of talking – I agree. Neither of us was interested in techniques like prolonged speech. We were more interested in the concept of a safe practice space for the child to experiment with different fluency strategies of their own, which we then reinforced.

Rosemarie: I feel that is much more consistent with the way children learn naturally – through their own experimentation and experiences and by observing others – rather than by trying to use a prescribed artificial pattern of speech.

Rosalee: So after a few weeks in a Lidcombe Program immersion program in Australia you returned to the U.K., at a great distance from each other. How did you get together..to start doing the training for clinicians in the UK?

Rosemarie: It was organised through Mark Onslow and Sue O'Brian in Australia, who thought it would be really good to set up some training courses in the UK. Sue came to run workshops in our respective areas. Rebecca Ledzion had been with us in Australia and she was also involved in the training in the early days.

Mary: Yes, she was from Tasmania, but working in London.

Rosemarie: The courses were in London, Norwich and then Bristol.. I believe in that order.

Rosalee: So Sue came over to do the first workshops with you?

Rosemarie: She did, in January 1998. She basically ran the workshops while we did the more practical/clinical parts, with live observation.

Rosalee: So Sue did the first workshops, but with clinicians from the UK. What was the response?

Mary: Rebecca ran the first workshop in London so we can't really say for sure, but I think a lot of people who did her workshop were mostly concerned.. sceptical.. about what the LP was. I think she told me a lot of the people there were more interested in discussing the LP than learning about it, which made it difficult for those who were genuinely interested in learning the approach.

When it came to Norwich, everyone was very keen on learning and trying a new approach. We also enjoyed very positive feedback afterwards. Was it the same for you in Bristol?

Rosemarie: Yes I think it was, I can't remember all of those who took part, but I remember that some in the Bristol workshop were intrigued and felt that this addressed the needs of those children who came from a good communicative environment, but experienced severe stuttering regardless of their surroundings.

Some of those early clinicians contributed to audit studies and the parent questionnaires that I did. The parent questionnaires looked more specifically at the concern that children would be speaking less after treatment. Since it was often short utterances that were being reinforced the worry was that their use of expressive language would be reduced as a by-product of increasing their fluency. This questionnaire was evidence that no such confining of expressiveness was going on.

Mary: Yes, there was a worry that the stuttering was being forced underground so to speak.. that the children wouldn't be saying everything they wanted to say. Your audit was more on a national level, while I did a local audit here in Norwich which was published in the Royal College Bulletin - I think 1999 - where I used your questionnaire from Bristol about the parents' views. With the treatment we got nearly identical results to those seen in Australia.. Mark Onslow was really pleased to see this, telling me that in Norwich we were the first to replicate their results. These results were very encouraging... for me to pursue this approach.

Rosemarie: One of the regrets I have is not trying harder to get the parent questionnaire results published. The one journal I tried turned me down and, with hind sight, I should have been more persistent. The referees for the journal seemed to miss the point I was trying to make, criticised it for something I wasn't trying to do. I think it was useful data and it could have added to the pool of studies that inform about the LP.

Rosalee: After those first early workshops, how did it evolve? How were you able to keep the momentum of the workshops going?

Mary: Once the training mantle had been passed to us by Sue O'Brian and Australia, we started to get requests to put on courses. The first workshop Rosemarie and I ran together was.. I think.. in Ireland, in Cork. Regarding training it was more that people came to us, people were really interested. They were kind of department courses really, people wanted their departments trained... but in those early days, we actually wrote our own materials and the courses were longer, 4 or even 5 days in some places.

Rosemarie: They were very hard work! When I think back, you know, we didn't have the audio/video resources we have today. We didn't have good videos, we had snippets of videos, some that we had from Australia and some that we did ourselves. You know, you forget that we were using overhead projection, we had acetates, we were trying to use video tapes, and whenever we went to a venue to do a course, the videos were always incompatible and the numbering was always different. In a way it was so unprofessional, but that was what it was like when you were trying to do presentations like this around the UK and Eire in the late 90s early 2000s.

Rosalee: You said that initially the LP was sometimes met with scepticism, what can you tell me about these times? Do you remember how the program achieved wider acceptance?

Mary: My memory is that the workshops were actually very well received. I think they were surprised that it was rather different from what they'd expected. People were concerned - and understandably so, considering the indirect tradition we had come from - that the feedback was going to be overbearing and unpleasant. When they discovered that the programme isn't about stamping on stammering but actually about encouraging a child's ability for fluency, then they were very pleased and felt that they had misunderstood before coming to the workshops what the programme was about... and we ended up getting very positive evaluations.

Rosemarie: I think there is an issue here as when people are in training they can - forgive me if I sound patronising - confuse the enjoyment of the course with its value for their clients. We have always had good feedback for the courses, but what is much harder to record is the difference it makes to the children and parents they work with in their clinics.

As the ethical requirements of research and audit have become more stringent - which they certainly have since the beginning of this century - the commitment from therapists, if they are to engage in any sort of research, has become much greater. So apart from those earlier audits that we did when therapists were more freely releasing anonymous information, it's become much harder to collect the clinical data that will tell us whether a therapist's practice has really changed and therefore

how many children's talking has been changed. And of course with the LP as with any other therapy, we know natural recovery will occur so in some cases the LP may just support or accelerate natural recovery.

Rosalee: Maybe I could jump in, since this is a good opportunity for me to interject – do either of you remember the very first child you treated with the LP and do you remember what the long-term outcome was?

Rosemarie: I only know up to a year post-treatment, because my two were both out of area children though I followed them up for the good year post beginning LP.

Rosalee: And they would have been how old?

Rosemarie: They were both a bit older, they had turned five and were both in school, I remember that. Those were the ones before my training in Australia and they did so well... and like Mary said, it was like this sigh of relief, thank goodness we can all address this directly now.

The other thing I would say about both the mothers is that they really loved it, and they really understood it, they... they got it on a conceptual level. When I did my PhD I started first of all with some pilot interviews to see if I could find out more about parents' experiences with the programme. And I did some pilot interviews with some of your parents, Mary, and what came across with those parents was that there were some who really got it, you know, understood the principles of what the LP was about. This was also apparent in my next set of interviews.

Rosalee: The straightforward parents?

Rosemarie: The straightforward parents that's right! They were able to use those principles in a creative way with their children, in a way that was very consistent with them as parents...and those were the majority.

And then there are the other ones that were more problematic. In retrospect, I suppose, there might have been different ways in which they could have been supported... whether or not Lidcombe was the right choice for those, nobody knows. I don't think any of those children were clearly natural recoverers because they were older, their stammering was getting severe, they'd been doing it for a year to 18 months or so.. you know they were children who were clearly in that high risk category.

Mary: I think what I most remember about my early ones, was how the parents - because obviously I was telling them that this was a new treatment and that I was pretty new at it myself... and also that we'd be working at it together - how very keen they were and how much they really felt they wanted to do this.. they felt sort of part of something really new and exciting. Lots of them wanted to write down their

experiences and let me show other parents...this was the beginning of the Parents' Perspectives section of the Lidcombe News.

Rosalee: So you were getting clinical evidence that the LP could work in your NHS clinics. Were other clinicians experiencing the same?

Rosemarie: Some definitely were and they kept in touch with us, organised Link Days and shared their highs and lows with the Lidcombe Community through Lidcombe News. In recent years Speech and Language Therapy Services have suffered from cuts and some therapists are finding it increasingly difficult to commit the time that the LP can take to individual children.

Mary: ...it just seems so short-sighted. When the LP can resolve stuttering the children develop a very positive attitude to talking.. and then you are saving money in the future! All the problems that can arise with their sense of well-being, and all the rest of it...so we know it's important to spend the money when the children are young.

Rosalee: And we need evidence to support our clinical decisions.

Rosemarie: We do.

Rosalee: Because the evidence can be convincing.

Rosemarie: Yes, but I think sadly as well, that managers and the people who hold the purse strings will ultimately pick and choose the evidence they want, according to where their priorities lie...and communication problems are still way down the list, even though there is plenty of evidence that among prison populations and the unemployed there is a higher incidence of communication problems. The occurrence of anxiety and depression can also be higher in those with communication difficulties.

Mary: In terms of stuttering certainly I think that sort of short term cost-cutting doesn't help. Once I'd got back from Australia, done my audit and decided that this was approach I was going to use, over the years I found that the older children groups got smaller and smaller. In the past we used to run a couple of groups a year of maybe ten in each group and we got it down to a point where it was hard to get a group together at all.

Rosemarie: Same for me, we never had enough older children to run groups once I was consistently using the LP. Yes, after a few years most of the older children on my caseload were referred late, had late onset, came from outside the area or had moved here from abroad.

Rosalee: I have one more question: Since we've been together for the past few days, several times people have said things like: "The Lidcombe Program has

changed my life” (laughs), we've all said that, so I would like to ask you: “How has the Lidcombe Program changed your life?”

Mary: (laughs) Apart from the foreign travel?

Rosalee: Yes...!

Mary: Trainers of the Lidcombe Program do travel the world; it's certainly a part of it. Meeting other therapists, seeing other ways of treating stutters, discussions with other therapists about their approaches... why they work as they do and how they might integrate Lidcombe into that.. whether they'd like to change the way they work. I think it's exciting to see people sparked by new ideas.

Rosemarie: I think also the Lidcombe Program Trainers Consortium has been fantastic. I love the fact that we've had meetings - the meetings in Montreal, in Philadelphia, and soon in Florida - but also that we have ongoing email discussions about things. But on a personal level, it's the fact that I'd felt so uneasy about working indirectly with children who I felt needed direct therapy. I didn't want to go down the route of changing the way they were talking, so, it was an enormous relief to have something that other people had tested for safety and that I could then use myself. I just loved the way it could work so well for some parents and children together.. it just felt great.

Also I'd been toying with the idea of doing a PhD, but at my age and stage I really wasn't going to do something unless I really wanted to - it wouldn't change my work prospects or salary. I'm much more drawn to qualitative than quantitative research. And I was just thinking: “No-one's documented the parents' view of the LP!”, so when I found two people who were willing to supervise me it was a great opportunity. It was important because I wouldn't have done a PhD otherwise, and I gained a tremendous amount in all sorts of ways.

Mary: In the clinical sense, what I found really reassuring was the evidence base. It was science, it wasn't somebody saying:” do it this way, because...” (Mary, Rosemarie and Rosalee chorus..): “We say so..”, and because the indirect route, you know, it didn't always seem to work for me. I like to question things, if somebody tells me to do something I like to know why. Here I had a treatment with an evidence base that was not only there before I learnt to do it, but it was involving me as well, and expanding.

Rosalee: It's very comforting, isn't it!

Mary: I found it very confidence building, as a therapist, that I felt I was doing something that I believed in, which before I wasn't really certain about. I think a lot of things I was doing before was sort of ‘fingers crossed’.

Rosemarie: Yes, and that's a horrible feeling.

Mary: Yes, that *is* a horrible feeling.

Rosemarie: I've just thought about the other thing that I love about the LP - the daily severity ratings. They really help us to see how the different components are working for the children. If SRs go up you're really focused on trying to work out why that's happened, within the framework of LP. On the other hand, when the ratings are consistently coming down we are all encouraged that what we are doing is right for the child. We're all reassured that what we're doing is making the difference we expected it to. There is this question in brief therapy: "What's the difference that makes the difference?" and I'm always intrigued by that, you know, what it is about what we're doing that makes a difference to the children. I think that the severity ratings really help us on an individual level to know how to balance the different components.

Mary: Yes, and you know the other thing I really like about it is that the child is involved.. and it isn't just us, sort of communicating with the parent, thinking of ways to help the child without the child's involvement. I remember when I was working with this child, I was doing a video in fact, and at the end, he stood up and looked directly into the camera and said: "I'm gettin' really good at this, in't I?"

(laughs)

and I just thought: "YES! ... "You are!"

Rosemarie: He really loved doing it, he was involved!

Rosalee: It wasn't a punishment..

Mary: Yes, it was really open and they just loved to do it. I'm not saying all children did, but it was that openness, that kind of: "Roll up your sleeves and get in there!"

All three of us, you know in terms of parent, child and therapist, we were there working in a partnership, and I like the fact that the child is on board.

Rosemarie: I think we're both quite pragmatic aren't we? When there's a problem we want to work together to do something about it.

Mary: We do, yes! I like that three-cornered partnership, that's what I wanted to do... and that's what the LP did, it gave me that vehicle really for working in a direct way, that I felt was safe, was correct, was comfortable for the parents and children and ...

Rosalee: ...it made sense!

Mary: It made TOTAL sense to me and had all this evidence behind it. All those things, as a therapist, made me feel much more comfortable about why I was doing what I was doing, so personally and clinically in every way, it has worked for me.



And finally...the Lidcombe Pie!

I have sliced the pie in the following ways:

1. An index of all the articles from the Lidcombe News over the past 16 years under topic, author, year and edition (with page number).
2. An index of the Dear Sue (DS) problems under topic and edition.
3. An index of the Just Explain That Again (JETA) questions under topic and edition. The DS and JETA are together in one document. **An accompanying document with all the JETA questions/answers in index order is available on request, as are all the Dear Sues.**
(All author acknowledgements are shown below the problems and questions/answers).

It was sometimes difficult to decide where to put certain articles as they seemed to span more than one of the topics. If I just couldn't decide I referenced the article in both so don't be surprised if there are a few duplicates. I would also suggest that if you are searching for something specific you look in more than one place as the way you think may not be the way I do! I also apologise in advance if I have left anyone out or misreferenced any articles - I have done my best. And a huge thank you to Kate Morley - without whose help the organisation of the articles would have been a massive task... and much less fun!

As the Lidcombe News spans 50 editions there have been some terminology changes over the sixteen years since 1998 when it began. Please don't think that we took the children onto the internet when it says 'going on-line' in the earlier Dear Sues- what we meant was moving to unstructured treatment! I strongly recommend you read Ann Packman's article (you can find this in the index under 'clinical procedures') to see the reasoning behind the changes, but as a very short resumé see below:

Changes have taken place in three areas- the verbal contingencies, the context of parental treatment and the structure of the program. The three main vocabulary changes that may affect your understanding are as follows:

1. 'Sessional' treatment is now called structured treatment
2. 'Going on-line' is now called unstructured treatment
3. 'Maintenance' is now called Stage 2

Finally...I have made a compilation of all the JETA questions and answers (and author acknowledgements) which turned out to be quite big so I didn't attach it with the newsletter. I am happy though to email it to whoever would like it. Otherwise you can go back to the original newsletter editions.

NB The supplement to **Edition 43** contains all the articles on Bilingual matters.

NB Once the Lidcombe website has been launched all Newsletter editions and the compilation material (including the DS and JETA questions/answers) as documents separate to the newsletter will also be available.