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Gail Mulcair

Chief Executive Officer

Speech Pathology Australia

Dear Ms Mulcair,

We are writing in response to the recent proposal submitted by Speech Pathology Australia to the Australian Government for federal funding for the Lidcombe Program for young children who stutter. We are the Senior Management Team at the Michael Palin Centre for Stammering Children in London. The Michael Palin Centre is the largest specialist therapy, training and research centre for stuttering in the UK, with an international reputation of expertise in this field. We are writing to express our grave concern about the implications of this proposal.

We wish to acknowledge the importance of Speech Pathology Australia seeking government funding to enable young children who stutter to be treated with reduced financial cost to families. As members of a global community of specialist speech and language therapists we share a commitment to professional standards of increasing access to services, providing effective therapy to children who stutter, and developing our evidence-based understanding of best practice.

However, we feel compelled to express our concerns at the proposal that this funding be restricted to the Lidcombe Program (LP). We understand that this proposal is based on the Lidcombe Program being supported by replicated Randomised Controlled Trials (RCTs).

While there is no question that many children benefit from the Lidcombe Program and it is certainly the most researched programme, there is evidence that other therapy approaches and programmes are beneficial (Conture & Melnick, 1999; Millard, Edwards & Cook, 2009; Millard, Nicholas & Cook, 2008; Starkweather & Gottwald, 1993; Yaruss, Coleman & Hammer, 2006; Franken, Kielstra-Van der Schalk & Boelins, 2005; De Sonnevile, Koedoot & Franken, 2014). The results of an RCT tell us about a population response to an intervention, not an individual's prognosis. No one therapy is effective for all children and whichever approach is used should be continually monitored and evaluated according to how the child and family respond (practice based evidence). There may be occasions that a preferred program is less effective and it might be appropriate to change intervention.

This proposal will effectively reduce the options available within a process of clinical decision making. We are concerned about the impact of this proposed policy on the scope of treatments available to families in Australia. Stammering is a heterogeneous disorder which requires therapy to be tailored to each child's individual needs. It can be anticipated that under this proposal financial benefit will become a major driver



in influencing client choice, rather than broader factors such as client preference for the style of therapy or best “fit” for the individual child.

In our view this proposal is not in line with Evidence Based Practice which is defined as the “integration of the best research evidence, with our clinical expertise and our patients’ unique values and circumstances” (Straus, Richardson, Glasziou & Haynes, 2005 p1). Using this definition Strauss et al. assert that it is our responsibility as therapists to use our knowledge, experience and expertise to appraise the empirical evidence and to interpret and apply the findings as appropriate to meet the individual needs of each client, in line with their personal values and preferences, as part of a collaborative decision-making process. While it could be argued that in future this proposal could be amended to include other programmes which are supported by RCTs, the current status of research funding internationally is prohibitive.

We recognise that it is not your intention to create a mandate, but when funding is available for a single approach, then this is in effect an endorsement and it reduces access to and support for other interventions. We refer to your own Principles of Practice which state: “In outlining the principles, it is recognised that no single approach is appropriate to all settings and that diversity is valuable in the provision of speech pathology services” (p.1), and urgently request you to reconsider this proposal in this context of principle.

In summary, we have significant concerns about the impact of this proposal, namely:

- it disregards evidence that other therapy programmes for young children who stutter are effective;
- it is not in line with Evidence-Based Practice;
- it restricts patient choice and does not take individual variability into account; and
- it is not in line with the Speech Pathology Australia’s Principles of Practice in respect to diversity.

We would therefore ask you to consider the wider ramifications of restricting this recommendation to a single therapeutic approach. There is potential for such a precedent to have a negative impact on children who stutter, the services they have access to and the speech and language profession as a whole, both nationally and internationally.

Yours sincerely,

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