

I am a mother of children who stuttered, a Speech Pathologist and Clinical Educator specialising in the management of stuttering. I am writing to you regarding my concerns for SPA's current proposal for Medicare Rebates for Stuttering Treatment.

I have a boy and a girl, twins almost 16 years of age, who have a paternal family history of persistent stuttering. As young children, they were both successfully treated and no longer stutter. Despite being twins they have many differences, as do most siblings - in terms of their communicative and learning styles, strengths and weaknesses, preferences and motivators. They presented differently in their temperament and in their stuttering behaviour. Accordingly, techniques implemented to successfully manage their stuttering and promote fluency varied between my two children. The treating clinician had an understanding of my children and their environment. She provided differential treatment, drawing on more than one approach in making clinical recommendations, which facilitated the most supportive environment for their fluency.

Had the clinician advocated for a one-size-fits-all approach to the treatment of my children's stuttering, I have doubts that the same positive outcome would have been achieved. It is likely that my children will have children who stutter. If this is the case, I hope that my children would be able to benefit from sensible and appropriate management of stuttering, where the child who stutters' temperament and familial environment are pivotal to management decisions.

I supervise both undergraduate and Masters students at Curtin University, as they undertake a stuttering placement. The Curtin Stuttering Treatment Clinic is the largest treatment facility for individuals who stutter in Western Australia. The clinic is a centre of excellence that accepts "second opinion" referrals for complex problems from other facilities. Students are taught an evidenced based family centred approach to the management of early stuttering. This approach adopts a range of RCS principles which of course underpin a number of well validated clinical programmes: Palin PCI, Pittsburgh pre-school programme, Netherlands to name a few. The students gather pre and post treatment data within each session and across the duration of the treatment. They measure treatment effects and engage in a variety of necessary flexible management decisions given that there is no "one size fits all" treatment for the complex disorder of stuttering. They consider the child and the parent within the family system, with recommendations made accordingly.

Unfortunately many of our graduates are not able to continue implementing this approach once in the workforce. Sectors within the public health system have mandated that Lidcombe be the approach used for preschool-age children. Whilst Lidcombe is effective treatment for many children who stutter, it does not work for all children. The many clients who come to us still stuttering after persevering with Lidcombe, are indeed testimony to that. It is disgraceful that clinicians are unable to exercise clinical judgement, implementing other approaches when it is evident that Lidcombe is not working. The ethics of such a strict clinical pathway are questionable at best.

There is no other disorder where a one-size-fits-all approach is encouraged, nor should there be. If this was the case and treating speech and language disorders relied solely on adhering to a specific manualised programme, then our Speech Pathology students should surely then only need to attend a series of workshops, rather than undertake a 4 year Undergraduate or 2 year Master's degree.

I am aware that SPA's motivation is not to mandate that Lidcombe be the only treatment option. However, the implications are clear, given the climate that already exists. As a mother within a family where a strong pedigree for stuttering exists, as a clinician who has worked post-Lidcombe with countless disenchanted and disappointed families, and as a clinician who has worked passionately to build capacity in her students to provide comprehensive and effective management of stuttering, I request that this proposal be amended to extend coverage to children presenting with the disorder (childhood stuttering), rather than to a specific treatment.

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