

Critical Review:
Is webcam-based delivery of fluency intervention effective for the treatment of stuttering?

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method were also discussed. The authors are not convinced that there is enough strong evidence to support the use of a telehealth delivery model, as they give warning to clinicians to look for evidence of the efficacy of telehealth treatment models before employing them.

Although the authors reviewed research that pertained to the particular question of the efficacy of a telehealth delivery method, they did not follow the stringent methodological criteria to evaluate the studies adequately. Therefore, the level of evidence provided by this article is low. This type of article may be useful for clinicians who want to understand the essence of the topic. The reports of strengths as well as limitations of the delivery model make it particularly useful for clinicians and others who are looking to quickly find information and make a decision about whether or not they will use web-cam based fluency therapy as treatment. Overall, however, this article does not contribute importantly to the evidence base related to webcam-based fluency therapy.

Single Subject Design

Sicotte, Lehoux, Fortier-Blanc, and Leblanc (2003) conducted a single-subject design (n-of-1) study with four children and two adolescents to investigate the feasibility and outcome evaluation of

had stuttering rates between the 80th and 90th percentiles, which may mean that they responded differently to treatment than those with mild stuttering would respond.

