STAMMERING AND THE COM-B MODEL: EXPLORING PARENTS’ VIEWS OF POST-TREATMENT CHANGES IN COMMUNICATION

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Key words and learning points

Key words: stammer, change, COM-B, parents

Learning points:
- to learn more about the individual nature of stammering;
- to become familiar with the COM-B model and its application to stammering; and
- to learn more about the factors which facilitate increased participation following treatment for stammering.
Responses to therapy

A large proportion (50-70%) relapse after treatment (Cooper, 1990; Craig & Calver, 1991; Silverman, 1992)

Craig (1998) identified this as a critical area for research, in the context of life events, mood, individual differences, stress and anxiety

Studies show fluctuation in progress post-therapy, both for amount of stammering and emotional impact (Fry et al., 2009, 2014; Millard, 2011)
The story so far

Self-perception of control (LOC) predictive of effectiveness
(DeNil & Kroll, 1995)

Differences in temperament and motivation
(Zebrowski & Conture, 1998)

Presence of social anxiety and its impact on maintenance of treatment effects
(Iverarch et al., 2009; Iverarch and Rapee, 2014)

Common factors, common to all treatments such as client characteristics, therapist qualities, change processes, treatment structures and relationship elements
(Greencavage & Norcross, 1990; Wampold, 2001)
Frameworks of change

Social cognition models:

Theory of Planned Behaviour (Ajzen, 1991)

Social Cognitive Theory (Bandura, 1991)

Protection Motivation Theory (Rogers, 1975)
Frameworks of change

The Transtheoretical Model of Change (Prochaska, DiClemente & Norcross, 1992) aka the ‘Stages of Change’ model:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
The Behaviour Change Wheel

(Michie et al., 2011; Michie et al, 2014)
The COM-B model

(Michie et al., 2011)
A walk in the park...
Using the model

*Research question*: is a theoretical framework useful in understanding change following treatment for stammering?

*Design*
10 participants, semi-structured questionnaires
COM-B requires the identification of a behaviour and its definition
Thematic Analysis used, two analyses completed
Software: QDA Miner Lite (freeware)
Inductive vs deductive coding

**Inductive** (bottom up) (Frith and Gleeson, 2004)
Themes link to data, *not* driven by theoretical background or an attempt to fit codes into a pre-existing framework

**Deductive/theoretical** (top down) (Boyatzis, 1998)
Driven by a particular research interest or area, with a theoretical background which provides a framework for analysis
Thematic map – inductive analysis

- supportive relationship
- impact of support
- role of family
- doing new things
- up my sleeve
- participation with peers
- increased knowledge
- seeing the good stuff
- change in attitude
- change in behaviour
The COM-B model

(Comic et al., 2011)
Key findings

All inductive codes matched on to one or more sections of the COM-B model.

The COM-B model is one way of deconstructing participants’ responses, in order to identify barriers and facilitators to change.

The model allowed for internal and external factors to be considered and categorised, and is therefore considered useful.
Key findings

Key themes emerged from using the COM-B model:

Parents have a key role in treatment and the maintenance of change
Understanding stammering leads to increased confidence
Participation does not depend on fluency
Increased independence leads to increased agency
Physical capability

- step up
- step back
Physical capability

**Step up** (has tools/uses tools effectively/talks more)

“I think it gave him a few tools and a bit of confidence” P7

“he has always been wanting to communicate... sometimes with his fluency technique and sometimes with as much stammering as he had before” P4

**Step back** (family working together/consistent approach/family communicates differently)

“he is twelve now and he needs to take a little bit more ownership for it, so we deliberately stepped back” P2
Reflective motivation

- family values
- suck it and see
- doing it ourselves
  - knowing you're there
  - up my sleeve
- shifting sands
  - the way forward
  - noticing progress
  - a problem shared
Reflective motivation

Suck it and see (readiness to engage/experiencing stuttering/new approaches/trying new things)
“actually doing some stammering yourselves... It was that eye opener, to what your child is thinking every single day” P5

Up my sleeve (knowing what helps/more confidence)
“we have been equipped with ways to deal with it and to talk with her in general. There is less angst at home” P8
Social opportunity

- arm in arm (children)
- arm in arm (parents)
- proof of the pudding
- getting out there
- letting them go
- sending the right message
- more sociable
- role of family
Social opportunity

Arm in arm (children)
“his classmates now know that he has a stammer and it does not seem to affect anything” P1

Proof of the pudding
“he is putting himself out there and the more risks he is taking the more things he has done. His confidence grows every time” P6

Arm in arm (parents)
“hugely reassuring to realise that X was normal... all of the parents shared the same worries as we did” P4

Sending the right message
“letting him do more things that he is capable of doing, and in fact does very well” P5
Implications

So what does this mean for therapy?
Implications (Atkins et al, 2017)

Sources of behaviour:
- Social influences
- Environmental Context and Resources
- Id - Social/Professional Role and Identity
- Bel Cap - Beliefs about Capabilities
- Opt - Optimism
- Int - Intentions
- Goals - Goals
- Bel Cons - Beliefs about Consequences
- Reinf - Reinforcement
- Em - Emotion
- Know - Knowledge
- Cog - Cognitive and interpersonal skills
- Mem - Memory, Attention and Decision Processes
- Beh Reg - Behavioural Regulation
- Phys - Physical skills
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Participants
References


References


