A consideration of Michael Palin Centre Parent Child Interaction Therapy for stammering from the perspective of narrative therapy

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Abstract

This paper considers the use of Michael Palin Centre Parent Child Interaction Therapy (MPCPCIT), which is an evidence-based intervention for stammering in children. I will suggest that MPCPCIT draws on similar principles to narrative therapy and has developed as a collaborative approach between the speech and language therapist and the parents of young children (Rustin et al., 1996) from which change can occur that results in the child using more fluent speech. This paper will first explore the development of MPCPCIT, then consider the development of narrative therapy, and finally will discuss the principles of MPCPCIT by drawing on the development of narrative therapy. The aim of the paper is to highlight the development of this model of family therapy and its impact on current professional practice.

MPCPCIT

MPCPCIT has developed as a treatment approach for stammering. It views stammering as stammering within a multi-factorial model identifying predisposing physiological and linguistic factors and their interaction with psychological and environmental factors (Kelman & Nicholas, 2008). Previous therapy for children who stammer had focused on therapists as experts providing parents with lists of ‘dos’ and ‘don’ts’ and identifying unhelpful behaviours. MPCPCIT integrates previous therapy and direct therapeutic approaches although the indirect component will often be enough to help most children achieve fluency (Millard et al., 2008). Indirect therapeutic approaches focus on adults making changes to their interactions with children, whereas direct approaches focus on children making changes to their speech. One of the elements of the MPCPCIT that makes it stand out from other indirect therapy models for children who stammer is that parents are encouraged to select their own strategies based on their knowledge about what helps their child (Kelman & Nicholas, 2008).

Narrative therapy

Family therapy has drawn on influences and theories not only from within family therapy but from those found in other fields (Hayes, 1991). The narrative approach to family therapy was developed by White, Epston, and their colleagues (Carr, 2006). The approach has been influenced by the work of Foucault, which emphasises issues of power and subjectivity (White & Epston, 1990). Narrative therapy rejects the idea of universal truth and favours multiple realities and perspectives. Within the model of narrative therapy, human problems are viewed as arising from the stories that dominate the person’s life. A central goal of the therapy is to help people re-author their lives and thus develop therapeutic solutions to problems. The assumption is made that social realities are constructed through language, therefore therapeutic conversation aims to explore multiple constructions of reality. Dallos & Draper (2010) recognise that people have the natural ability to possess, generate, and evolve new culturally shared narratives.

Carr (1998) summarised that the important central practices to narrative therapy include:

- A collaborative co-authoring position between the client and therapist;
- Externalising problems;
- Mapping the influence of the problem; identifying when clients are not oppressed by their problems thus identifying unique outcomes;
- Thickening descriptions;
- Linking to past and extending to future; and
- Inviting an outsider witness.

MPCPCIT and narrative therapy

Co-authoring

The co-authoring position is central to narrative therapy. It is from this position that many of the other central practices of narrative therapy take place (Walker & Akister, 2004). The approach involves a position of not knowing and the therapist joins the client or family in search of solutions. It is in collaborating to develop alternative stories that a number of different beliefs begin to open up possibilities. The co-authoring position is also central to MPCPCIT. The assessment stage includes a parental interview and a child assessment. The parental interview consists of a series of questions aimed at finding out about the child and his stammer in the context of the family. The child assessment includes a video recording of interaction between the child and each parent, assessment of stammering – including the types of stammering observed and the frequency they occur – speech and language screening, and the child’s perspective. Following the assessment sessions, all of the findings are summarised in a formulation (Kelman & Nicholas, 2008). The language used to construct the summary is based on the language and descriptions the parents use rather than how the therapist would describe the situation. The therapist begins to facilitate conversations to encourage the family to identify some of the knowledge they already possess about their child to develop solutions.

Externalising

White and Epston (1990) describe externalising as an approach that encourages people to objectify or personify the problem they experience. The problem then becomes external to the person or relationship and opens up possibilities to develop an alternative story. Externalising provides opportunities in play for the outcome to occur again. Taking the principles of ‘thickening the plot’ from narrative therapy could really enhance this part of MPCPCIT. It is apparent that the approach of the Michael Palin Centre is influenced by the ideas of social constructionism through their work with older children who stammer and solution focused brief therapy. It would be possible to invite parents to consider linking the unique outcome they have just identified to events in the past, e.g., ‘Can you recall a time in the past when your child has taken the lead in play and you have let them stammer?’ It is apparent that a problem and a solution do not occur independently, and the Michael Palin Centre uses story telling as a technique to help families gain an understanding of the problem. It is from this understanding that the clinician can help the family to better understand their child’s problem.

Unique outcomes

White and Epstein (1990) state that when ‘unique outcomes’ are identified people can be invited to ascribe meaning to them. Sometimes unique outcomes present themselves in a session, often brought to the person’s attention by the therapist’s curiosity in establishing circumstances where problems did not occur but were expected to occur. Language is used to ascribe meaning to the unique outcomes. These outcomes may be incorporated into a story by mapping them (Carr, 1998). MPCPCIT makes use of videoing parent-child interactions and then reviewing them to identify unique outcomes, e.g., noticing when stammering is not a problem within the video clip. Then identifying the types of situation where stammering is not a problem, e.g., when letting the child lead the play. The parents then choose a unique outcome to concentrate on during their therapy tasks between sessions, e.g., providing opportunities in play for the outcome to recur again. It is apparent that the approach of the Michael Palin Centre is influenced by the ideas of social constructionism through their work with older children who stammer and solution focused brief therapy. It would be possible to invite parents to consider linking the unique outcome they have just identified to events in the past, e.g., ‘Can you recall a time in the past when your child has taken the lead in play and you have let them stammer?’ It is apparent that a problem and a solution do not occur independently, and the Michael Palin Centre uses story telling as a technique to help families gain an understanding of the problem. It is from this understanding that the clinician can help the family to better understand their child’s problem.

The use of externalising in narrative therapy is one of the central principles. This technique has potential benefits – especially with families who already position themselves towards externalising. As discussed, both narrative therapy and MPCPCIT are working towards identifying new outcomes that will result in a change and create a new story. It could be possible to introduce externalising to the parental interview as it would allow parents to begin considering stammering or the problem from a different perspective, and allow the opportunities for the therapist to collaborate with the parents to create some of the goals for therapy.

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The parents, as it has been found more useful for therapy, enables them to identify unique outcomes. Helping their child to be fluent. In terms of narrative, encouraging the parents to identify interactions that are videos as part of the session is used as a means of fluency. As previously discussed, reviewing the assessment, where parents are asked to recall the onset of the stammer and how it has changed. At each session, parents are asked to reflect upon any thoughts from the last session with the therapist and upon tasks they have undertaken at home. As this type of therapy will usually be attended by both parents and their child who stammers, each parent has the opportunity to hear the other parent comment upon their interactions. It is more usual for the therapist to make observations only if the parents are finding it particularly difficult to notice any interactions that have been helpful for their child in terms of noticing times when stammering was not a problem. It may be useful to consider the principles of the reflecting team and allow the family to hear what the therapist has observed even if they find it easy to identify strategies. It may also be useful to bring a team into a session in the same way that Asen et al. (2004) suggest that you can bring family members into a consultation without them being present. This would allow the opinions of other colleagues to be used within the consultation. Using this idea it would be possible to allow the family to hear reflections from the therapist and colleagues before the discussion moves on to consider the ideas brought up in reflection.

Conclusions
Considering narrative therapy in the context of MPCPCIT highlights several possibilities that would need to be considered in applying a more systemic approach to this type of therapy. The development of the narrative approach to family therapy influenced by the work of Michael Foucault and the postmodern movement can be observed in the work of Rustin et al. (1996) in the development of MPCPCIT. As this paper has highlighted, there are complementary components of narrative therapy that could lend themselves to the further development of MPCPCIT, especially externalising, thickening the plot, and reflective teams. The inclusion of these components within family therapy could facilitate further change for the pre-existing MPCPCIT and could result in better outcomes for children who stammer. The benefits of including these components could bring new dimensions to a therapeutic approach when selected in a thoughtful and culturally aware way.

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References