

The background features a light gray gradient with several overlapping geometric shapes. On the left, there are two yellow diamonds, one larger than the other, partially overlapping. On the right, there are several blue and light blue shapes, including a large white diamond with a blue border. The overall design is modern and abstract.

Conversation Analysis and Social Work

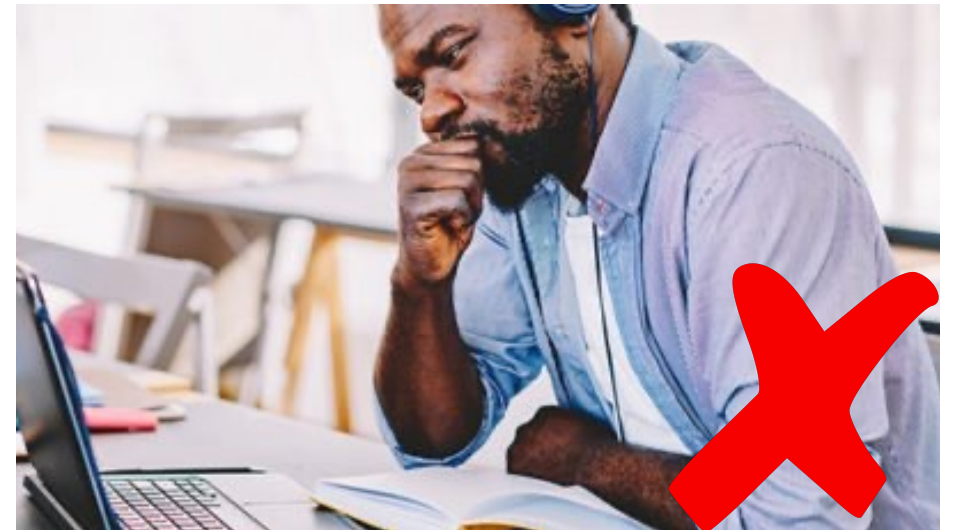
Dr David Wilkins

First things first...



I'm a Social Worker...

...not a Conversation Analyst



What is CA and why does it matter for professional practice?

- Much of what social workers do directly with families involves *talk*
- And language matters – not just *in the moment* or for *outcomes*, but for both

“(...) until recently social workers have generally turned not to CA but to communication theory with the unfortunate effect that the analytic focus has been on talk not as practically realised but as idealised, theorised, taxonomised, and categorised.”

(DeMontigny, 2019: 5-6)

CA and
Social Work
research

How does
CA study
talk?

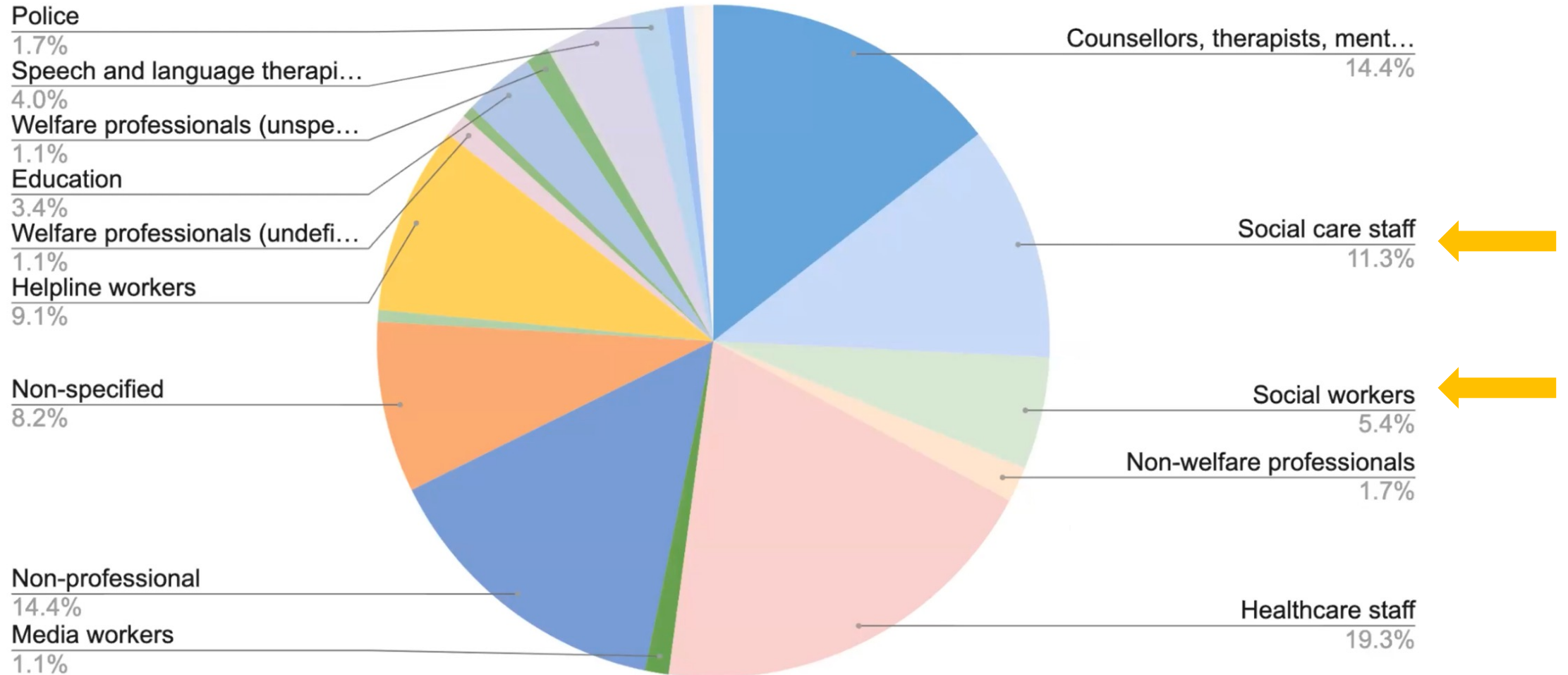


Jefferson Transcription

Some examples

Definition	Example
Overlapping talk	[Yeah] [Okay]
(.)	Brief interval (up to 0.2 seconds)
(1.4)	Longer interval (time in seconds)
Wo::rd	Prolonged
<word>	Increase (>) or decreased (<) speaking rate

CA and Social Work research






How to start a telephone call

- | | |
|---------|---------------------|
| 1 | ((ring)) |
| 2 Nancy | H'llo:? |
| 3 Hyla | Hi:, |
| 4 Nancy | Hi::. |
| 5 Hyla | How are yuhh.= |
| 6 Nancy | =Fi:ne, how're you. |

And they're off...





How not to start a telephone call

- 1 ((ring))
- 2 Gordon Hello:,
- 3 (0.7)
- 4 Dana Hello where have you been all morning.

Uh oh....




Can Father Christmas make us selfish?





*Can Father Christmas
make us selfish?*

Changing one word (*get* to *give*)
made a difference (at least in the
short-term) to the generosity of the
child's behaviour



How about a social work example?

- How do lots of supervision case discussions end?
 1. “Anything else?” *“No, that’s enough for now”*
 2. “Anything else you wanted to talk about with him?” *“Don’t think so”*
 3. “Anything else you can think of?” *“No, that’s everything”*
 4. “Ok, anything else with that one?” *“No, I don’t think so”*
 5. “Sounds good. Anything else that’s on your mind?”
“Yeah, they asked for some support in the holidays, he’s registered at the nursery but it’s an extra £5 per day and they’ve asked if we could help out a bit”



Changing one word

What happens in GP appointments?

- GP *What can I do for you today?*
- Patient <Talks about most pressing issue>
- GP <Provides some help and then...> *Is there anything else we need to talk about today?*
- Patient: *No, that's all for now. Thanks.*

- End of appointment -





Changing one word

What happens if you change 'any' for 'some' ([Heritage and Robinson](#))?

GP *What can I do for you today?*

Patient <Talks about most pressing issue>

GP <Provides some help and then...> *Is there something else we need to talk about today?*

Patient: *Actually, yes I've also been having problems with my...*

- Appointment continues, patient is happier (and healthier?) -



Words matter

- Learning the patterns of conversation – and the exceptions to them – allows us to train people better and get better outcomes
- CA is a set of methods for doing this kind of fine-grained analysis of what people say, how they say it and what other people say in response

Some patterns of conversation relevant for SW

Power asymmetries (who asks questions, and who interrupts)

- Social worker: *I've called you in the office today just to obviously talk about how the past week has been, ok, you know we've got the conference coming up, so **do you just want to run me through the last week and how Charlie is?***
- Mother: *Charlie's fine.*
- Social worker: *Yeah and **he's been back at school?***
- Mother: *Charlie has been attending school regularly and I don't know why you keep calling me to the office, it's as if I live here now.*
- Social worker: *I think it's important obviously part of our work is to work together with all agencies to ensure that Charlie is getting the best that he can. Now, I've spoke with the school and his attendance has gone up which is really good so well done.*
- Mother: *Oh, that's good at least someone is telling the truth.*
- Social worker: *So, there was just one worry that he was half an hour late on Monday, **do you know what happened last Monday?***
- Mother: *It was just because of the traffic, that's all.*

Some patterns of conversation relevant for SW

- Social worker: *What's Charlie like in the morning, is he easy to get up?*
- Mother: *No, he's not, he doesn't like to get up early and it's a job for me to get him up.*
- Social worker: *What time does he usually go to bed?*
- Mother: *Well, when he wants to go to bed, normally you know by about 9 o'clock.*
- Social worker: *Ok well, he's only 5 Jeanette, so I think we need to get some bedtimes in place to ensure that he can get up in the morning and get ready for school.*
- Mother: *He does get up, it was just that one day and I'm not having anybody telling me what time I put my son to bed, no.*
- Social worker: *Ok well obviously he needs some routine and stability, so I think to instil some bedtimes.*
- Mother: *He does have routine and stability, what are you saying, are you suggesting there is no routine and stability in my house?*
- Social worker: *No, no, I'm not saying that, I'm saying he needs a regular time, not whenever he wants to go to bed, if he knows he needs to be in bed by 8 o'clock.*

Some patterns of conversation relevant for SW

Broken-record response (repeating the same phrase)

- Mother: *But that's not true, someone at the school is not telling the truth*
- Social worker: *We can talk about that at the conference remember, it's next week?*
- Mother: *But what do you think? I'm trying my best but they don't care, they just think I'm a bad mum*
- Social worker: *Ok well, we have the conference next week, so I think we can*
- Mother: *When is it? The conference?*
- Social worker: *Next week, I gave you the letter last time I was here, remember.*
- Mother: *So, what about the school then? I just have to grit my teeth and keep quiet, yeah.*
- Social worker: *Let's make sure we talk about this at the conference.*

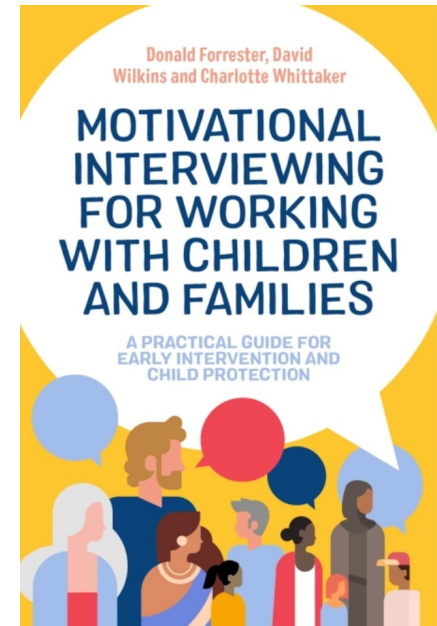
Some patterns of conversation relevant for SW

The question-concern trap

Social worker: *So, how is Jed doing at school?*

Mother: *Yeah, pretty well. He likes it and the teacher says he is doing good.*

Social worker: *Well, the school say he is missing a lot of school and they are quite worried about him.*




Some more social work examples

- Talking clearly about concerns is a key social work task.
- How do SWs do this (in child protection conferences)? ([Koprowska, 2017](#))
- Generally, they seem to downplay concerns...

“And there were *a few minor* concerns that Paul felt he could smell cannabis”

“There’s been, erm, a pattern of *sort of* failing *some* appointments, Trisha’s *struggled a bit*”

“Concerns about what happened previously with two children *had been removed into care*” (quiet voice)



Reflection supervision is 'a good thing'

- But how to do it? One component of reflection is seeking different perspectives on the situation.
- How do supervisors do it?

TM: =(0.2) so .hh does dad understand about
ga:ngs?,

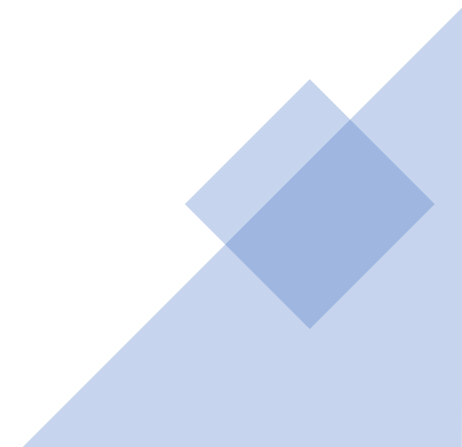
(0.7)

SW: Yep.° Yeah.

(0.7)

TM: .pt .hhhHhh

(0.3)



Reflection supervision is 'a good thing'

TM: [Does she think,] I'm just, I'm just wondering, does she think as we:ll, like ukh, (0.4) just thinking abou:t what (.) decision making's going on in mum's hea:d? (0.9) .hh an-an-nah- I'm not critical fuh- of this at all? Does she think if Noah's got <to be in at the evening,> (0.7)

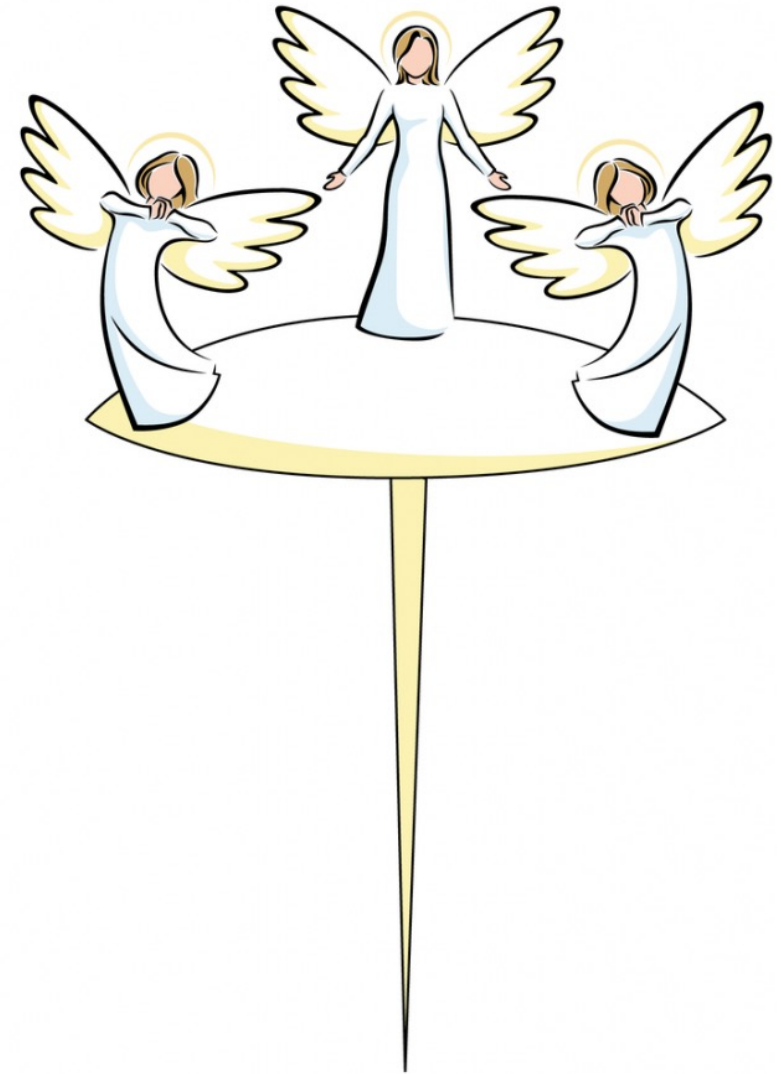
TM: [THE:::N,

SW: [>I think there's a lot of] that.<

TM: Then that mea::ns, (.) ukhh to look after Josh, (.) just in the sense of, (0.6) not going ou::t, is that, .hh (0.6) a disruption because it's easier for him to say to the people who are pushing him to do something, ↑I can't do it because I'm looking after [Josh?]

SW: [I-I think] ~there fuh~ the sense that, (.) >myself and the emm ess tee supervisor< had was arou:nd that. (0.6)

Using CA to improve
professional practice



Who does most of the work?

- A patient (P) rings a GP surgery, and speaks to the receptionist (R)

1 R >Good< morn:ing, surgery, Cath speaking (1.6)

2 P Hello, have you got an appointment for Fri:day afternoon or teatime please?

3 R This Friday (1.1)

4 P Yeah,

5 R Uh I'm sorry we're fully booked on Friday (1.6)

6 P Right (0.3)

7 R Fully booked.

8 P Okay (0.3)

9 R Okay (0.4)



Who does most of the work?

10 P Oh right [o] kay

11 R Sorry

12 P Thank you (0.3)

13 R Okay (0.4)

14 P Thanks

15 R Thank you

16 P Bye

17 R Bye bye.



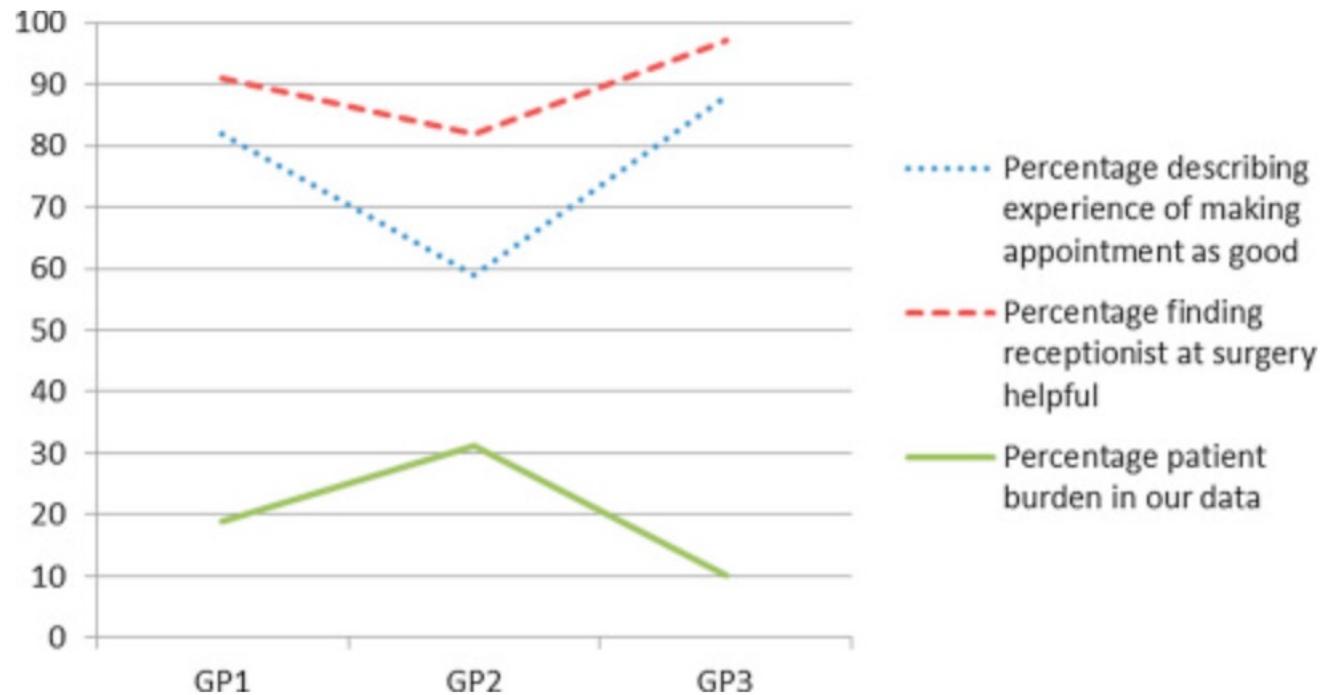
Who does most of the work?

- A *different* patient (P) rings a *different* GP surgery, and speaks to the receptionist (R)

- 1 R Good morning, Limetown surgery, =
- 2 P Good morning, could I have an appointment to see Doctor Wilkinson please =
- 3 R =.ptkhh hh >let me< see when the next available one is, I don't think I've got anything pre-bookable this week
- 4 R Do you want me to look for the week after
- 5 P [uhmm] (0.4)
- 6 R Right (0.3)
- 7 P YES for tomorrow- uh- next week [yes]
- 8 R [Y] Yeah, Let's have a look

Which surgery does better for patient satisfaction?

3 GP surgeries, 2,780 calls ([Sikveland et al, 2016](#))



The end



Unless there's anything else you wanted to talk about....?





Questions,
comments??