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)
How does CA study talk?
Jefferson Transcription

Some examples

<table>
<thead>
<tr>
<th>Definition</th>
<th>Example</th>
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<tr>
<td>Overlapping talk</td>
<td>[Yeah] [Okay]</td>
</tr>
<tr>
<td>(.)</td>
<td>Brief interval (up to 0.2 seconds)</td>
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<tr>
<td>(1.4)</td>
<td>Longer interval (time in seconds)</td>
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<tr>
<td>Wo::rd</td>
<td>Prolonged</td>
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<tr>
<td>&lt;word&gt;</td>
<td>Increase (&gt;) or decreased (&lt;) speaking rate</td>
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CA and Social Work research

- Police: 1.7%
- Speech and language therapists: 4.0%
- Welfare professionals (unspe...: 1.1%
- Education: 3.4%
- Welfare professionals (unde...: 1.1%
- Helpline workers: 9.1%
- Non-specified: 8.2%
- Non-professional: 14.4%
- Media workers: 1.1%
- Counsellors, therapists, ment...: 14.4%
- Social care staff: 11.3%
- Social workers: 5.4%
- Non-welfare professionals: 1.7%
- Healthcare staff: 19.3%
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?

Maxwell and Greeny, 2014
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”
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?) -
• 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.
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.
• 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 well, like ukh, (0.4) just thinking about what (.). decision making’s going on in mum’s head? (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 means, (.). ukhh to look after Josh, (.). just in the sense of, (0.6) not going out, 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 around 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< morning, surgery, Cath speaking (1.6)
2 P Hello, have you got an appointment for Friday 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??