‘It’s all good’
Evaluation in
Speech-Language Therapy Sessions

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May, 2015

A thesis submitted for
the degree of Doctor of Philosophy
of The Australian National University.
Statement of Originality
I declare that this thesis is wholly original work
Acknowledgements

I begin by acknowledging and celebrating the people on whose traditional lands the learning involved in this thesis took place, paying my respects to the elders of the Wiradjuri and the Ngunnawal people, past and present. This thesis has been a long and often lonely pursuit, and I have gained much pleasure and solace from walking the country around Albury and Canberra in the pursuit of clarity and distraction.

The completion would not have been possible without the encouragement and support of a number of people. First among these is my supervisor, Dr Johanna Rendle-Short. Johanna agreed to take me on when I was adrift, and helped me to find my way through to a thesis in the data that I had collected. Discussions with her have always been very stimulating experiences, and her advice and encouragement has been invaluable. My respect for her has grown over the years and I offer her my heartfelt thanks for helping me to stay the course and learn what the data, and the thesis process, had to teach me. My thanks also to Dr Chris Lind, who provided valuable comments on multiple drafts and reassured me that I was not straying too far from what the data allowed me to say, and to Prof Jane Simpson for her insightful comments at various stages of the thesis process.

I am honoured by the faith that the people who contributed data to this study had in me, and I cannot express my thanks in anything other than the most banal way – most humbly and sincerely.

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I acknowledge my grateful appreciation of the CSU thesis completion grant awarded earlier this year, and the efforts of Karl, both friend and editor, and A/Prof Bert Peeters, editor extraordinaire, who helped me sweat the ‘small stuff’.

Finally, I wish to dedicate this research to the students that I have had the privilege to teach over the past 18 years, in the hope that the future of our profession will build on the lessons of the past and find ways to more fully value the interaction at the heart of therapy.

Elizabeth Joy Clark
May, 2015
ABSTRACT

Speech and language therapy can be characterized in many ways, but at its heart is some kind of action; action done, primarily, through talk. This thesis shows how participants in speech and language therapy interactions reach shared understandings of what therapy is, and, when no such shared understanding exists, how mismatches in understanding are managed. The primary focus is on how both participants orientate to and participate in the satisfactory completion of tasks and the ways in which client performance on tasks is evaluated.

This thesis is an example of ‘institutional applied CA’ (Antaki, 2011) where the focus of analytic attention is on the ways in which the work of speech-language therapy is collaboratively achieved. The research employs a conversation analytic methodology for the transcription (Jefferson, 1983) and analysis (Pomerantz and Fehr, 2011) of recordings made by speech-language professionals of naturally occurring therapy interactions involving children and adults engaged in therapy sessions relating to four of the six domains of professional practice in Australia (SPAA, 2011), namely: speech, language, alternative modes of communication and swallowing.

CA research into communication disorders has grown substantially over recent years. However, most of this CA research (Antaki, 2011) has focused on the aspects of interactional competence of people who have some kind of communication impairment. Our understanding of talk between people with communication disorders and their speech-language therapists, as a specific form of institutional talk remains fragmented. The impact of particular professional modes of interaction on clients’ contributions in therapy interactions has received little attention. This thesis seeks to address this gap by examining how a key feature of speech-language therapy practice, namely evaluating client performance on therapy tasks, is accomplished. This feature of speech therapy interactions links to three important aspects of therapy: the existence of some kind of short-, or long-term goals; the professionals’ technical awareness of the nature and potential of the implications of the communication impairment for client participation in everyday social interactions involving talk; and to the nature of learning in therapy.

The first four chapters of this thesis clarify the nature of speech-language therapy
professional practice and relevant prior research on the institutional nature of speech-language therapy interactions (Chapter 1), the methodology used to collect, transcribe and analyse data (Chapter 2), the confusion of terminology relevant to the action of ‘evaluation’ (Chapter 3). Using data taken from naturally-occurring interactions, this thesis shows how evaluations are produced in three different sequential positions: SLT’s produce evaluations in first turns (chapter 4) with some difficulty, though overwhelmingly evaluations are produced in third turns (Chapters 5 -positive evaluation & Chapter 6-negative evaluation) of triadic action sequences related to task completion. In one interaction only, evaluations were produced by the client, in second turns that responded to requests (Chapter 7), providing an important contrast between the way professional and client evaluate performance and progress.

The analysis of evaluation practices confirms the importance of evaluation to the institutional action of therapy, and highlights the inherent complexity of evaluating performances on tasks that relate to speech and language, showing how professionals use ambiguity in evaluation as a resource to balance the immediate task-related needs of clients with the longer term social aspects of the therapeutic relationship. This research raises important issues about the connection between evaluation practices and theories of learning and contributes to our understanding of the practices that participants utilize to manage their institutional tasks and roles on a moment-by-moment basis.
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Chapter 1: Background to the Research

1.1 Introduction

The ability to communicate is a core aspect of our human being. Speech and language are the primary tools by means of which we develop and express ourselves as cultural and social beings. Thus, any impairment of communication ability has the potential to significantly impact on an individual’s ability to actively and effectively participate in the social and cultural dimensions of everyday life. Speech and language therapists (hereafter SLT\(^1\)) are allied health professionals who provide assessment, treatment and support to people who have communication difficulties (SPAA, 2014; RCSLT, 2015). Interaction is central to the professional service provided to the client, and yet we know very little about SLT profession-specific ways of talking. My aim in this thesis is to explore in detail the interaction practices related to the completion of therapy tasks, with a specific focus on the way SLTs evaluate client performances on therapy tasks.

Using the research approach of conversation analysis, I show how the ‘institutional’ nature of the SLT-client relationship is co-constructed by both the professional and the client, moment by moment, through talk-in-interaction (Drew & Heritage, 1992:26). The institutional roles of ‘therapist’ and ‘client’ are most clearly seen in the sequential organisation of talk and action associated with the completion of therapy tasks. Using data provided by SLTs from a range of practice domains, I examine and describe the range of sequential locations where SLTs evaluate client performance on tasks and client progress over time. I also show that the ways in which SLTs evaluate client performance, particularly the use of evaluative turns involving the word *good*, may not always be conducive to client (re)learning of speech and language skills. The title of this thesis, *It’s all good*, is both a play on the kind of vocabulary used by SLTs to construct evaluations, and a reference to an oft used phrase in Australian English; *it’s all good*, or *all good*, can

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\(^1\) The profession is known as ‘speech pathology’ in Australia, as ‘speech-language therapy’ (SLP) in the US and as ‘speech-language therapy’ (SLT) in the UK. I use the term *SLT* to refer to practitioners, and the term speech-language therapy to refer to profession and professional practice. I have preferred it to the others for two important reasons: firstly, because the professional activity is centrally concerned with ‘therapy’, and less with the diagnosis of pathology; secondly, because the term *SLT* encompasses both speech and language, and is thus more descriptive of the key domains of professional practice.
be heard in those situations where a positive spin is put on the current state of understanding, while subtly referencing a previous problem or state of mis-understanding.

In this chapter, I explore the relationship between SLT models and theories of practice, on the one hand, and SLT professional ways of talking, on the other, in light of changing conceptions of professional practice. In order to locate the completion of specific therapy tasks within a broader view of professional practice, I begin this chapter with an overview of how intervention is conceptualised in SLT. Then, I will describe the ‘cycle of intervention’ (Bunning, 2004) in general terms, with a view to showing why evaluations of client performance are an important element of the intervention process. Evaluations are not only important in potentially supporting client learning, but are key to the institutional nature of SLT-client therapy sessions. Accordingly, this chapter will also review research on institutional interactions, and prior research related to professional talk in SLT practice.

1.2 Speech therapy practice

In seeking to understand ‘therapy talk’, it is important to identify how professionals conceptualise the therapy process and how they learn about interactions with clients in professional practice. This section will review the major frameworks that shape professional practice and explore what Perakyla & Verhilainen (2003) refer to as the “stocks of interactional knowledge” (2003:730) – the ways of interacting with clients that link to models and theories of practice.

1.2.1 Frameworks of practice

There are three ‘health’ frameworks that shape SLT practice in the 21st century: (1) the traditional ‘medical’ model of health care (Leclair, Leclair& Brigham, 2009; Mishler, 1981); (2) the ‘bio-psychosocial’ model of health and well-being as encapsulated in the World Health Organization (hereafter WHO) model known as the ‘International Classification of Functioning, Disability and Health’ (Threats, ;

(3) the ‘social’ model of disability (E. G. Mishler, L. R. Amara Singham, S. T. Hauser, S. D. Liem, R. Osherson, & N. E. Waxler (Eds.). I will provide an overview of all three models, as all three have some relevance to SLT practice.
The oldest of the three models is the biomedical model (McLeod, 2014), also known as the ‘medical’ model, which focuses on the eradication of disease and on the modification of impairment through effective treatment. As Tamm (1993) noted, the biomedical model has its origins in traditional Greek medicine, which was closely linked to Greek philosophy and a dualistic view of the separation of mind and body. In the medical model, there is an emphasis on diagnosis (i.e. identification of illness/disease through observation and testing) followed by treatment (to improve health). Both diagnosis and treatment are concentrated on individuals, separate from their lifestyle and/or living conditions.

At the other end of the spectrum is the social model of health, which is centrally interested in the social determinants of health and well-being. It takes into account the social, environmental and economic factors can affect health, and that need to be addressed alongside biomedical factors in any attempt to bring about changes in health status. This model of health is not only interested in the individual, but in the broader social context for health, and is widely used in the health promotion field, where the focus is on whole communities, rather than on individuals. An off-shoot of this model, the social model of disability (People with a Disability Australia - PWDA, 2014), sees disability as something that comes into being as a result of interactions between people with impairments and a social world that is replete with structural and attitudinal barriers. In this model, it is the social environment that is the focus of intervention, not the individual with ‘different’ abilities, including impairments. The concern many therapists feel about a social model of therapy arises from their misunderstanding of the ways the principles of a social model relate to actual intervention methods. Byng (2005) argued that the principles of a social approach (namely equalizing social relations, creating authentic involvement, creating engaging experiences, establishing user control, and becoming accountable to users) are actually relevant to all types of intervention, whether they focus on impairment or on activity participation.

In the middle ground between these two models lies the bio-psychosocial model, exemplified by the World Health Organization’s ‘International Classification of Functioning, Disability and Health’ (hereafter ICF). The diagram below represents the 4 key areas of the ICF: Body functions and structures, activities and participation, environmental factors and personal factors.
The ICF encourages a more holistic focus, not only on the individual but on how they interact with society, as this quote from the WHO Training Manual on disability statistics shows:

The ICF … embodies a paradigm shift in the way health and disability are understood and measured. ICF is based on a bio-psychosocial model of functioning and disability, in which functioning and disability are multi-dimensional phenomena experienced at the level of the body, the person, and society. (WHO, 2008:13)

The ICF draws attention to the factors other than actual impairment that impact on an individual’s ability to participate in a range of activities in his or her environment. This is significantly different from a medical model of health that focuses primarily on the impairment as the sole focus for change/action. Traditionally, SLT practice world-wide adhered to a biomedical model of diagnosis and treatment, which has been argued by many authors (Duchan, 1999; Worrall, 2001; Simmons-Mackie, 2009) to result in an overwhelming focus on the impairment, or on what is ‘wrong’ with a person.

Some of the key features of each of the three frameworks mentioned above are encapsulated in table 1.2 on page 5.
<table>
<thead>
<tr>
<th>Features</th>
<th>Models of SLT Practice</th>
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<tbody>
<tr>
<td>Title</td>
<td>Biomedical model</td>
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<tr>
<td></td>
<td>Medical model</td>
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<tr>
<td></td>
<td>Bio-psychosocial model</td>
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<tr>
<td></td>
<td>The ICF</td>
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<td></td>
<td>Social model of health</td>
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<td></td>
<td>Social model of disability</td>
</tr>
<tr>
<td>Focus</td>
<td>Focus on physical or biological aspects of disease and illness. Associated with diagnosis, cure/treatment or other action taken to improve health.</td>
</tr>
<tr>
<td></td>
<td>Holistic focus on biological, psychological and social factors that impact on health and well-being. The relative importance of each factor depends on the individual and their environment.</td>
</tr>
<tr>
<td></td>
<td>Focus on the broader societal influences on health and well-being. Identifies the need for social change to provide the pre-requisites for health.</td>
</tr>
<tr>
<td>Approach</td>
<td>‘fix-it’</td>
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<td></td>
<td>‘manage it’</td>
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<td></td>
<td>‘live well with it’</td>
</tr>
<tr>
<td>Level of engagement with individual</td>
<td>Focus on individual body</td>
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<td></td>
<td>Focus on the individual in his or her everyday context</td>
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<tr>
<td></td>
<td>Focus on community</td>
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<tr>
<td>Therapeutic engagement</td>
<td>‘doing to’</td>
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<td>‘doing with’</td>
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<td>‘encouraging being’</td>
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Table 1.2

**Key features of three relevant models of practice**

While all three models have relevance for the ways in which SLTs conceptualise and actualise the assistance they provide their clients, there have been increasingly energetic calls in recent years for SLTs to use the ICF as an overarching framework of practice (e.g. Cruice, 2003; Hickson & Worrall, 2001; McCooey-O’Halloran, Worrall & Hickson, 2004; McCormack et al, 2010; O’Halloran, Grohn & Worrall, 2012; Threats, 2006, 2012; Worrall, 2001). Using the ICF entails a broader perspective, shifting SLT professional interest from a focus on impairment to a focus on quality of life, through attention to the activities and social roles that an individual might be involved in. Even in acute medical settings, O’Halloran et al (2012) show how using the ICF can help SLTs identify ways for people with communication and/or swallowing difficulties to more actively participate in the decision-making around their own health care.
The ICF has been adopted by the American Speech-Language-Hearing Association (2007) and by the Australian Speech Pathology Association (2011) as the overarching framework for professional practice. However, there is a tension between the aspirational breadth of the ICF and historically informed practice. Although SLT researchers and professional associations have recognised for some time the importance of the ICF as a framework for practice, this recognition has permeated the professional practice domain very slowly. In my experience as an educator, it is still common to meet professionals who have never heard of the ICF, let alone understand how it might be used to guide professional practice.

In Australia, university training programs are bound to introduce students to the ICF by virtue of the ICF being explicitly named as the framework for professional practice in the competency standards documents (SPAA, 2011) that are central to accreditation by the professional body. The development and use of educational resources for SLT students, which are centred on the ICF, indicates that momentum for change is developing. For example, Papathanasiou, Coppens & Potagas (2010) produced an edited Text that incorporates chapters on how the ICF should be used as a guide to clinical practice in the area of neurogenic communication disorders. Bunning (2004) produced a clinical Textbook for novice SLTs which acknowledges the power of the ICF and provides examples of how SLT intervention can be understood at three different levels of intervention: intervention aimed at a community level, intervention aimed at the level of context, and intervention aimed at the level of the individual. At this third level, the level of the individual, one focus of intervention can be on some kind of ‘change’ to the actual communication impairment (aphasia, hearing impairment, articulation disorder, specific language impairment, etc.). Such interventions aim to change the nature, extent or impact of the impairment. It is at this individual impairment level that therapy tasks are most commonly employed.

A focus on impairment alone, without attention to the ways in which the person is supported to manage the impact of the impairment in various social contexts of everyday life.

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2 I am an educator and an active member of the Australian professional community of speech-language therapists. My original interest in how speech pathologists talk to their clients derived from previous research on the evaluation of English language competence of overseas trained therapists. Part of my role on the Overseas Qualifications Taskgroup for Speech Pathology Australia involved deliberations on the English language competence of overseas trained speech-language therapists. During my time on this committee, I became increasingly interested in how we might discuss our own communicative competence, and I was struck by how little research there was into the nature of professional ways of talking. This interest is also reflected in my teaching, particularly around reflective practice and the analysis of professional interactions.
life, runs the risk of perpetuating some of the negative aspects of the more traditional biomedical model, particularly in relation to the passive role of clients in a biomedical approach to intervention. A therapeutic focus on impairment can be at cross-purposes with research showing that the impact of communication impairment on identity is what is most significant for those who experience communication difficulties (O’Halloran, 2010; Lenyuk & Swain, 2009). A focus on impairment alone is also at odds with more recent calls for what is called a ‘strengths-based’ approach to intervention (King et al, 2007), which foregrounds what people can do and seeks to build on these strengths. One way of focusing on a person’s communication strengths is to focus on communicative competence, as discussed in the next section.

1.2.1.1 Impairment versus Competence

A different framework of practice that is relevant to language use, used more frequently in child language development and second language learning contexts, is that of ‘communicative competence’. This term initially came into use as alternative to the more static Chomskian notion of linguistic competence, particularly through the work of Dell Hymes (1971). Johnstone and Marcellino (2010) suggest that Hymes was particularly interested in describing the ways in which disadvantaged children had less access to the socio-linguistic and socio-cultural resources that were required to become a competent communicator. Canale & Swain (1980) developed comprehensive model of communicative competence, as a combination of grammatical, socio-linguistic and strategic competencies, designed to apply to both instruction and assessment of language learners. These original ideas were refined by Bachman (1990) to involve both ‘organisational’ (grammatical and discourse) competence and ‘pragmatic’ (sociolinguistic and strategic) competence. The multi-dimensional scope of these conceptualizations of communicative competence has relevance to all contexts in which language ability is discussed, and has particular importance for the present discussion of frameworks used to conceptualise interventions for people with speech and language impairments.

Indeed, the notion of communicative competence has been used for many years in one domain of SLT, namely the area of Alternative and Augmentative Communication (hereafter AAC). Light (1989) identified that there were four areas of competence required to be a successful user of any alternative means of communication: to the linguistic, socio-
cultural and strategic competencies, she added a fourth, viz. technical competence, to account for the technical knowledge of how particular AAC communication systems worked. Children and adults who use AAC systems generally have communication impairments related to health conditions that render verbal communication difficult or impossible, such as cerebral palsy or severe autism. In such circumstances, it is important to be able to identify the range of communicative skills that a person does have, given that verbal communication is by no means the only way to communicate effectively. Light’s original article, on the applicability of communicative competence to the AAC field, was published at a time when most SLTs were still operating predominantly within a biomedical model of practice. In an area of professional practice where the possibility of ‘fixing’ the underlying impairment is nil, by virtue of the very nature of the impairment, it is not surprising that practitioners might identify the need for a different framework within which to conceptualise their professional practice. The positive connotation of the word competence balances the negative connotation connected with the word impairment, and encourages a focus on what a person can do, as well as on what that person cannot do.

The notion of ‘communicative competence’ does not currently appear to have the kind of widespread clinical applications that the ICF has, even though ‘functional’ and ‘social’ approaches to therapy are presumably premised on something like a notion of communicative competence. Notably, there is no reference to ‘communicative competence’ in basic theory Texts on language impairments (eg. Paul and Norbury, 2014) and no reference to SLT practice in the recently published Text, Communicative Competence, edited by Hannawa & Spitzberg (2015), as one of the institutional contexts in which this concept is relevant. I have been able to locate reference to a broader concept of communicative competence in the literature in relation to intellectual disability (Grunland, 1993), to AAC (Light, 1989; Light & McNaughton, 2014) as well as aphasia (Simmons-Mackie & Damico, 1995). It is also possible to find references to ‘oral language competence’ (Snow, 2009; Snow et al, 2011) though this research does not discuss all the dimensions of competence outlined by Canale and Swain, or Light (1989). Likewise, the definition of communicative competence that underpin resources like the ‘Self-Perceived Communication Competence scale (McCroskey & McCroskey, 1988), namely “adequate ability to pass along or give information; the ability to make known by talking or writing” (McCroskey & McCroskey, 1986:3) do not engage with the socio-cultural or strategic
aspects of competence. While the ‘Life Participation Approach’ to intervention calls for a greater focus on competence, rather than impairment, proponents define this approach as ‘consumer-driven model of intervention focusing on interventions that make real-life differences and minimize the consequences of disease and injury.’ (Chapey et al, 2000: 2)

When SLTs place the focus of therapeutic intervention at the impairment level, they are most often working at the level of linguistic competence, focusing on one or more of the components of language (phonetics, phonology, semantics, pragmatics, syntax). Some impairment-based work may also be focused at the level of socio-cultural knowledge, for example in the case of people who have intellectual impairments, traumatic brain injury or autism, where the ‘impairment’ more directly affects understanding of social dimensions of interaction. In contrast, when SLTs work with a person to use residual communication skills in ways that achieve desired outcomes, they will often draw on the individual’s socio-cultural competence as a strength to build on, and may also work to develop new strategic competence, for managing communication breakdown when it occurs. Viewing competence as having different dimensions, and identifying how these dimensions might relate to the focus of intervention within the predominant framework for clinical practice, the ICF, is worth further discussion.

1.2.1.2 Linking the ICF and Communicative Competence

It is useful to identify links between the ICF and communicative competence, at least as far as the discussion of communication disorders is concerned as both these constitute frameworks for practice, albeit one is more overtly used than the other. The strongest and clearest link is between ‘language’, represented on the ICF as a ‘body function’, and ‘linguistic competence’, however it is possible to identify other linkages. To participate in diverse social activities and roles, a person needs a range of different types of competence: socio-cultural competence (the knowledge and skills relating to social rules, genres and discourses), strategic competence (the ability to manage situations where linguistic or socio-cultural competence is reduced in some way) and, increasingly in our modern day lives, communicative activities are likely to require some degree of technical competence (the ability to use tools and devices to communicate non-verbally or asynchronously). Different environments will present different potential challenges to those with communication disorders, and thus will require different strategies to manage these,
including the use of technology, though our personal preferences, age, education and attitudes may influence how well or often we use diverse strategies – including technology for communication.

Figure 1.3 below represents the linkages outlined here.

<table>
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<tr>
<td>Body Function &amp; Structure</td>
<td>Linguistic competence</td>
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<td>Activity &amp; participation</td>
<td>Socio-cultural competence:</td>
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<td>Environmental factors</td>
<td>Strategic competence</td>
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<td>Personal factors</td>
<td>Technical competence</td>
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**Figure 1.3**  
Elements of ICF link to aspects of communicative competence

While the above diagram is somewhat simplistic, and linkages between various elements of these frameworks will vary between individuals, I argue that much could be gained from understanding that different kinds of competence are required to participate effectively in everyday interactions. In addition, focusing on competence, and how it relates to different elements of the ICF, both SLT and client are provided with a much broader range of ways to conceptualise and understand the nature and purpose of ‘intervention’.

I will argue later in this thesis that helping clients to focus on their areas of competence may have broad applicability across all domains of SLT practice; likewise it is useful for SLTs to think about the different types of competence that are implicated by activity and participation in everyday activities. For now, it is important to move on from the
frameworks that shape professional practice to a broad description of what might happen to clients with communication impairments when they come into contact with a SLT. The next section highlights the main features of what Bunning (2004) describes as a ‘cycle of intervention’.

1.2.2 The cycle of intervention

Intervention rarely occurs in isolation; most commonly, there is a cycle of engagement between a client and a professional, which generally begins with some kind of initial data gathering and analysis. In this initial phase, the SLT builds a picture of the client’s skills, abilities, challenges and needs, and/or the nature of the ‘problem’ that the client wants addressed. In the case history and data collection phase, attention is generally given to all the main areas of the ICF, even in circumstances where the individual SLT may not be conscious of using this framework. This phase is generally fairly brief, involving one to three sessions, and it can be distinct, especially when the assessment and subsequent report, with or without recommendations, are the only services being provided. Some SLTs use initial intervention activities as an additional means of collecting data about the strategies and tasks that might be usefully included in the intervention process over a longer time frame, in what is known as a process of ‘dynamic assessment’ (Dockrell & McShane, 1993; Gutierrez-Clellan & Peria, 2001; Olswang, Bain & Johnson, 1992).

The second stage in the therapeutic cycle is ‘intervention’; this involves doing something to bring about some kind of change. Intervention is central to speech therapy practice and is an important part of the professional service SLTs provide to people with communication impairments. While intervention may involve modifications to the environment, it generally means that the SLT, or another ‘agent of therapy’ (family member/carer/teacher) implements activities or strategies of some kind directly with the client. These activities or strategies build on a person’s existing skills and/or develop new skills, and are designed to bring about change in the way that person communicates, through repeated practice of specific skills.
The speech-language therapy literature provides little detail about what constitutes a ‘therapy task’, in part because the nature of therapy tasks will vary depending on the client’s impairment and overall goals, as well as on the experience and training of the individual therapist. In their Cochrane review of aphasia therapy, Kelly, Brady & Enderby (2010) initially define SLT interventions as “any form of targeted practice tasks or methodologies with the aim of improving language or communication abilities” (2010:4). At the most basic level, therapy tasks include activities designed to enable clients to practise relevant aspects of communicative performance.

It is worth noting that the ways in which the words practise and relevant are conceptualised has fuelled some debate within the speech therapy profession. One clear example of this is the controversy about the value of non-speech oro-motor exercises for people with speech sound disorders. Such activities have traditionally been part of therapy for people who have impaired motor speech production as a result of some kind of neurological impairment of the motor cortex. The case against the use of such activities is based on the argument that the purpose of a motor movement connects to the ways different neural pathways are activated (Lof & Watson, 2010). Thus, practising motor skills devoid of any speech component is likely to have little impact on the way elements of the motor cortex combine to produce specific movements required for speech itself (McCauley, Strand, Lof, Schooling & Frymark, 2009). The extension of the ‘relevance’ argument to the practice of speech sounds in interaction, as opposed to isolated words and phrases, has not yet been tested in any research that I could locate, but the sociolinguistic evidence (see Labov, 1972; Chambers, 2002) that people use sounds differently when they are enacting different social roles, or speaking in different social contexts, may mean that the social dimensions of ‘practice’ might be relevant to language as well as speech therapy.

The role of the therapist varies throughout the cycle. In the initial assessment phase, the SLT’s role is to collect and analyze relevant information about the client and their communication skills and needs, negotiate with the client and significant others about relevant short-term and long-term goals, and then to design activities that will facilitate the achievement of these goals. In the intervention phase, the SLT’s role involves decisions about the content of activities (what skills will be developed), the processes used to facilitate changes (how skills are developed), and the context in which these activities will be undertaken (when and where skills will be developed); it also involves some kind of
evaluation of client performance on whatever activities are included in the intervention program. While decisions about content, processes and context for therapy should, in theory, be made through a process of negotiation with the client/significant others (Bunning, 2004), the everyday reality for many clients is that most of these decisions will be made by the therapist, with the involvement of the client/significant others confined to the ‘edges’ of the overall therapeutic intervention plan (Togher, 2003). The respective involvement of the client and therapist in determining the nature of intervention does not necessarily shape the kind of roles that the therapist and client play in the actual therapy process (active/passive; partners; expert/novice; do-er/evaluator; etc.), though it does have some bearing on the extent to which the client understands what each therapy task is designed to achieve and on the overall purpose of the intervention (e.g. a reduced level of impairment or a greater ability to participate in everyday social interactions).

Intervention not only involves the doing of tasks, it also involves clients entering into a particular kind of learning environment different from those that they may have been previously familiar with. Physically, SLT interventions may occur in a range of environments (e.g. hospital, clinic, home) that are not commonly seen as ‘traditional’ learning environments such as classrooms or workshops. When children are seen within a school environment, they are likely to be seen in a ‘quiet’ space away from the child’s normal classroom. When adults are seen at home, they may use everyday spaces such as kitchen table or dining room, but the ‘work related’ materials associated with therapy tasks modify these environments, albeit temporarily. The learning environment not only relates to the physical context, but also to the relationship between the participants. The 1:1 teaching/learning relationship that is common in therapy is different to classroom learning and to adult learning contexts, as these tend to involve groups of learners rather than the single individual. These issues are relevant inasmuch as the expectations of clients (Cameron, 1990) can shape how they understand the activities they are presented with in a particular learning environment. The roles each participant plays in the therapy session have relevance to our understanding of SLT-client interactions as instances of institutional talk.
1.3 SLT interactions as instances of institutional talk

Heritage (2004) describes the notion of institutional talk as “an empirically sound concept”, even while acknowledging “the boundaries between institutional talk and ordinary conversation are not clearly fixed and demarcated” (2004:108). Ordinary talk can be seen as providing a kind of template of basic resources for talk and action (turn-taking, sequential organisation, repair, etc.) that can be utilised or modified in relevant ways when the setting or the task becomes more specialised (Heritage, 1998). In ordinary talk, there are few restrictions on topics, no specialised turn-taking procedures and no over-arching purpose, other than the maintenance of personal relations. In institutional interactions, many dimensions of ordinary interaction are modified in ways that relate to the purpose of the interaction (Drew & Heritage, 1992).

In the introduction to their seminal edited collection *Talk at Work*, Drew & Heritage (1992) discuss the differences between ‘formal’ institutional contexts, where “turn-taking systems … depart substantially from the way in which turn-taking is managed in conversation” (1992:25), in part to “control or curtail the nature of audience participation” (1992:27), and ‘less formal’ institutional contexts where constraints are less apparent. SLT-client interactions rarely occur in front of an audience. They are predominantly face-to-face interactions between SLT and client alone, which means the turn-taking is not as tightly constrained, even though there is clearly a mutual orientation to the goal-based nature of the interaction through the organisation of sequences within the interaction (Drew & Heritage 1992:28).

Since the ‘invention’ of doctor-patient relations in the mid-20th century (Armstrong, 1983), a significant body of research has identified some of the key features of health professional-client interactions (e.g. Byrne & Long, 1976; Cassell, 1985; Frankel, 1984; Gill, 1998; Heath, 1992; Heritage & Maynard, 2005; Heritage & Stivers, 1999; Perakyla, 1998; Pomerantz, Ende & Erickson, 1995; Robinson, 2005; West, 1984). Professional-client interactions in the health sector tend to exhibit an asymmetry of involvement and are more goal-orientated than everyday social interactions (Drew & Heritage, 1992). Heritage (2004) describes three aspects (structural organisation of interaction, sequence organisation and turn-taking) that define talk as being ‘institutional’, in that these aspects of talk are about the overall organisation of the interaction, while other aspects of talk, such as turn
design, lexical choices and asymmetries of knowledge are more relevant to discussions of particular institutional identities.

In the next sections, I will first discuss the asymmetries of knowledge relevant to SLT-client interactions, and then review the organisational aspects of SLT sessions both at a macro-level and at the sequential level.

1.3.1 Institutional interactions and epistemic asymmetry

In conversation, interactants show themselves to be accountable for what they know, their level of certainty, their relative authority and the degree to which they exercise their rights and fulfil their responsibilities. (Stivers, Mondada & Steensig, 2011:9)

In their discussion of knowledge in social interaction, Stivers, Mondada & Steensig (2011) identify three dimensions of knowledge that participants treat as relevant in ordinary conversation: epistemic access, epistemic primacy and epistemic responsibility. As knowledge relates to the ability to make judgements about performance on tasks, it is relevant to consider this further, given that therapists and clients have quite different ‘territories of knowledge’ that they can be expected to be familiar with.

Clients know about their communication impairment in a personal sense, from direct experience, and about the impact of the impairment on their daily life. They may also develop some familiarity with the technical language related to their impairment, particularly if they are older and have the literacy skills to explore information sources relating to their impairment. The therapist is likely to learn something of the client’s personal world over time, through a cycle of intervention; however, what the SLT primarily brings to the interaction is a technical understanding of the brain structures and functions that are likely to underpin both impairment and intact skills. This technical knowledge of speech and language is developed in both theoretical and practical ways over the course of initial training, and then enhanced by working with people who have diverse kinds of communication impairments.

The ‘technical’ knowledge of the SLT and the ‘lifeworld’ knowledge of the client(Mischler, 1984) rarely overlap. Many authors (e.g. Duchan, 2002; Gillam et al,
1999; Gutierrez-Clellen, 2000; Hewitt, 2000; Lund, 2002; Paul, 2002; Watkins & DeThorne, 2002) have written about the need for more ‘naturalised’ assessments. Such assessments would take into account how children and adults actually behave during the process of interaction, and how the interactive nature of communication affects an individual’s ability with articulation, fluency, word-finding, etc. When asked about the benefits of administering tests versus analysing natural language samples, most speech pathologists respond something along the lines of “I know that natural is better, but… but it takes too long”. Tetkowskis & Franklin (2002) identified the need for SLTs to embrace qualitative methodologies (specifically conversation analysis and ethnography) in research and assessment, to enable them to better understand the ways communication impairments impact on the daily life of clients. In an early and seminal work on language development and disorders, Bloom & Lahey (1978) claimed that language should be seen in interactional terms, i.e. as a ‘social act’:

[Children] learn language as a means for obtaining, maintaining and regulating contact with other persons. It should follow that children with language disorders need to learn how to use messages to inquire, converse, direct and otherwise enjoy social interaction with others … structure and content always relate to language use. (1978:viii).

Despite the central focus on the uses or ‘functions’ of language in Bloom & Lahey’s work, influential Texts on speech-language assessment (e.g. Miller, 1981) continue to foreground assessment of the structural and content aspects of language, leaving aside the question of how these aspects integrate with the use for particular purposes to which language is put by children in their interactions with others. Given that diagnosis and intervention focus on components of speech and language (phonetics, phonology, morphology, syntax, semantics), it is perhaps not surprising that models of intervention that are considered to be more traditional are more attentive to the specific elements that are impaired than on how these skills are used in interaction. The nature of many assessments reflect a bias towards the body functions and structures that correlate with impairments of speech and language, and this bias derives in part from the predominantly ‘structural’ nature of linguistics training in undergraduate SLT training programs.
A SLT’s training shapes the territory that they have the responsibility to know about, and this in turn shapes the way therapy is enacted (Bunning, 2004). Limited assessment of how clients use their communication skills in everyday social activities, in the achievement of diverse social roles which clients are likely to have greater epistemic access to (i.e. what I want to do, and who I want to be), can easily result in therapy that does not focus on these activities. Therapy using tasks aimed at improving aspects of ‘speech’, or ‘language’, both of which are highly complicated social and neurological activities, inadvertently preclude clients from developing some level of shared understanding of what is required to bring about change in speech or language skills because clients rarely have the sophisticated knowledge of speech and language that the SLT brings to the therapeutic process.

Epistemic primacy, the relative authority (Heritage & Raymond, 2005) to know about the nature of impairment, is directly related to the social category of ‘therapist’. Both clients and SLTs orient to the asymmetrical nature of their relative knowledge of the impairment through the way they interact. This orientation to the SLT’s authority can be seen in a number of ways: clients complete tasks provided by therapists without discussion or questioning, they wait for SLTs to initiate interaction, and therapists assume the right to evaluate the performance of clients on tasks. Not only are SLTs expected to know about the nature of impairments, they also have a professional responsibility to know about ways to help their clients improve their current level of functioning, ways to change underlying brain function or strategies the clients can use to reduce the impact of the impairment on communication. The manner in which SLTs design, produce, present and evaluate tasks confirms their epistemic responsibility for knowing about the therapeutic benefits of specific tasks, and also for managing the sequential structure of a therapy session in ways that support client learning.

1.3.2 Macro-structure of therapy sessions

The purpose of therapy is clearly reflected in the macro-structure of SLT sessions. In one of the earlier descriptions of the structure of therapy sessions, Brookshire (1986:131-132) identified five different phases in aphasia therapy sessions. The ‘Hello’ phase, involving greeting and rapport building, is followed by an ‘Accommodation’ phase where the client is orientated to the task, a ‘Treatment’ phase which may involve one or more tasks, a ‘Cool
down’ phase involving completion of more familiar activities, and finally a ‘Goodbye’ phase which may involve both planning for what will be done between sessions, but will definitely involve some kind of leave-taking. Ferguson (1989) and Ferguson & Elliot (2001), using a systemic functional approach to the analysis of naturally occurring interactions, identified similar structural patterns for both stuttering and aphasia therapy sessions, which reflected different kinds of actions taking place. These structural elements were potentially recursive: elements other than opening and closing could happen more than once during a therapy session. The generic structure of SLT therapy session was described as a formula (Ferguson & Elliot, 2001) showing elements that occur in a particular place (^) in the order of elements and (optional) elements as well as those that might recur (⊥) and those that might occur in any order (*):

Greeting^ (rapport building)* Procedural orientation^ (Review) Therapy activity⊥ Plan* Leave-taking^

The elements in Ferguson & Elliot’s description are commensurate with the CA analysis of therapy talk undertaken by Merrills (2005), who identifies three different kinds of talk that she found commonly occurring within the therapy sessions she analysed: (1) social talk, (2) talk about a task, and (3) talk within the task frame. Greetings, rapport building and leave taking came under ‘social talk’, procedural orientation and planning were linked to ‘talk about the task’, which left talk within the therapy activity at the heart of the interaction. Whatever the underlying intent of any ‘general conversation’ that occurs within the therapy interaction, there will be a point at which the primary purpose for the session is made manifest in some way; at this stage, talk is likely to become more constrained by institutional purposes and roles. In Merrills’ terms, ‘social’ talk, where each participant has equal rights and responsibilities for what they know, will become talk about the task, or talk within a task ‘frame’, where the epistemic asymmetries become apparent, and the epistemic responsibility of the SLT becomes paramount. In this task frame, relevant topics are circumscribed by the central focus on the purpose for which the participants come together, namely the client practising some aspect of speech or language to develop or learn new skills. SLTs routinely initiate sequences of activity in this task frame that provide opportunities for client practice or learning. Thus, it is possible to view the structural aspects of therapy sessions at a more micro-level as well as at the macro-level.
1.3.3 Instruction shapes the organisation of therapy

All interactions have some kind of structure. Some are pre-determined and quite rigid (court proceedings, weddings, etc.), while others are less rigid but still constrained by goal-related activities. Even in ordinary conversation, where the constraints on participation are at their lowest, the very act of people coming together, interacting and then parting company will inevitably create some kind of beginning, middle and end to the interaction. At the micro-level of interaction, adjacent pairs of utterances provide the bedrock of structural organisation for interaction (Goffman, 1981). Sacks & Schegloff (1973) identified adjacency pairs of utterances as one of the most basic patterns in the production of conversation. Schegloff (1972) also found that it was not simply their proximity of production that made certain utterances ‘pairs’: there was clearly some form of conditional relevance in the ways that the second pair part ties back to the first.

Where some kind of learning is the goal of the interaction, this shapes the interaction in particular ways. Coulthard & Sinclair (1975) demonstrated that classroom interactions commonly involve a three-part exchange sequence that has come to be known variously as the initiation-response-follow-up (IRF) or initiation-response-evaluation (IRE) sequence. Instructional exchanges consist of an opening or initiation turn in which the teacher asks a question or provides information, the student then responds or reacts in the next turn, and the teacher provides some degree of comment or evaluation in the third turn.

CA researchers interested in the interactions taking place in either general classrooms (e.g. Lerner, 1995) or second language classrooms (e.g. McHoul, 1990; MacBeth, 2004) have unambiguously shown that analysis of classroom activities from a CA perspective reveals the complexity and dynamic nature of pedagogical interactions, even when these interactions appear to follow an IRF/IRE pattern. They have identified a range of ways in which errors are repaired, not simply by use of negative evaluations of student performance, but also through embedded correction. Both corrections and evaluations can be used to scaffold the next-turn responses of learners.

Seedhouse (2004) pointed out that evaluation plays an important part in the ‘institutional fingerprint’ of second language teaching. Numerous authors have also shown that IRE-type sequences are common in SLT therapy sessions as well. Panagos (1990) found that evaluative turns are a significant feature of speech therapy interactions, especially those
involving people engaged in developing and refining communication skills. Other SLT authors interested in the sequential nature of talk in therapy contexts (e.g. Nassaji & Wells, 2000; Radford, Ireson & Mahon, 2012) have chosen to use the term **triadic discourse** to describe IRE sequences because evaluation, while common, is not the only thing that is accomplished by the third part of the sequence.

To summarise, whereas adjacency pairs (e.g. question/answer, information/response) form the most basic units of sequence construction in ordinary interaction (Schegloff, 2007), the basic pattern in instructional activities becomes triadic (Nassaji & Wells, 2000), with control of initiation going to the participant with greater institutional power. In presenting the client with a therapy task, the SLT initiates a sequence that defines the nature of the client’s response (doing the task) and then confirms the SLT as someone with the knowledge to evaluate the client’s performance on that task in some way.

The next section will explore the research on professional talk, as the medium through which SLTs manage social relations and therapy activities with their clients.

### 1.4 Investigating professional talk

The ways in which a professional interacts with a client is only shaped in part by the theories and models of interaction that become part of professional knowledge through explicit instruction. Academic learning, through *Texts* and lectures, is primarily focused on the acquisition of a body of professional knowledge, within which there will be some focus on frameworks for professional practice. These frameworks remain ‘hollow’ until they are fleshed out through experience. For people endeavouring to become SLTs, this experience is gained through observation of more experienced clinicians, supervised interactions with clients during professional entry training programs, and lived experience following graduation. Thus, professional patterns of talk are a form of implicit learning, developed without awareness of learning, through socialisation in a ‘community of practice’ (Lave & Wenger, 1991) and through the actual experience of practice. It is difficult to map generic socialisation experiences of SLTs generally, as these vary from program to program, and from clinical supervisor to clinical supervisor, but it is possible, through reviewing standard *Texts* used internationally, to identify some of the theoretical aspects of training that shape SLT approaches to interaction with clients.
The theories and practices that shape the patterns of interaction in the clinical practice of SLTs are amorphous: borrowed from diverse fields (education, psychology, medicine and to a lesser extent linguistics, *Applied Linguistics* and sociolinguistics), they depend in various ways on the individual practitioner and on the specific domain of practice. The focus of these borrowings is on how particular theories and practices assist in the description and analysis of communication difficulties, then plan for and provide intervention designed to ameliorate the speech-language competence of the client. Perakyla & Vehvilainen (2003) describe the models and theories of interaction in a professional context as “stocks of interactional knowledge” (2003:730) that vary both in terms of the “degree of detail” (2003:730) relating to interaction practices and in terms of their “penetration into praxis” (2003:731). There is little in SLT theory that specifically relates to interaction practices between professional and client, other than generic references to the importance of establishing rapport (Fourie, Crowley & Oliviera, 2011). Rapport is often discussed as integral to clinical practice, but as secondary to the real work of therapy; it is something to be addressed early in the intervention process, with a view to providing a positive environment for the activity of working on therapy goals. The lack of attention by SLTs to their own talk promotes a sense that professional talk is ‘neutral’, and therefore not worthy of investigation (Ferguson & Armstrong, 2004). The literature describing professional talk as anything but neutral will be explored later in this chapter. For now, it is important to understand why there is an overwhelming focus on the talk of the client in SLT practice.

One obvious reason is that the very nature of SLT practice is concerned with how the client talks. In doctor-patient interactions, for instance, talk is a vehicle for exploring the health and well-being of patients and their body, their understanding of their health and any interventions they require. In SLT practice, talk is at the same time the focus of attention, the vehicle through which action is taken to meet client goals, and the means by which evaluation of learning or development is identified or measured (Forrester, 1990). This duality is not evident in other health professional interactions, not even in psychotherapy or psychiatry, where talk is used extensively to work on the underlying thought processes of clients, not their patterns of talk per se. The role of language as the focus of learning and mode through which learning is promoted is also seen in second language learning environments, which will be discussed further in chapter 3.
Another important factor in understanding why SLTs focus so little on their own talk, is the scientific/medical orientation to talk as an object (Duchan, 2011). The major theories that SLTs learn about in their education relate to ways of understanding linguistic competence. Despite clear articulation of the importance of language in use, professional practice remains firmly entrenched in separating out various ‘aspects’ of language for specific attention (Gould, 2009). Students training to become SLTs are introduced to language predominantly through Texts (e.g. Akmajian, 1991; Fromkin et al, 2010) that promote a focus on the structural aspects of language (phonetics, phonology, syntax, morphology & semantics), with only limited discussion of language beyond the level of the word and sentence. Until recently, analysis of talk beyond the level of sentence was primarily the domain of the researcher. Even when students in various professional training programs are introduced to discourse-analytical approaches to assessment (Lesser & Milroy, 1999; Tetkowskksi & Franklin, 2004) and intervention (Lock, Wilkinson & Bryan, 2001; Armstrong, 2002), these practices are rarely affirmed in clinical contexts, where assessment remains focused on de-contextualised processes, often involving formal psychometric tests, and intervention that is focused on sound, word and sentence level activities or on the cognitive functions that underpin these. When words and sounds are disconnected from the people, contexts and purposes for which they are used, there is a much greater risk of relating to language as if it were a ‘thing’ that can be separated out into its various components (semantics, syntax, etc.). Language, however, is much more a process than a thing; it is a process through which people come to shared understandings, and through which meaning is created.

More recent appreciation for the contextually bound nature of interaction has led to greater awareness of different genres of talk, and of how different activities and contexts present different possibilities in terms of using speech-language skills to achieve personal goals. Where, once, SLTs talked of generalisation of skills from clinic to everyday contexts, there is a greater appreciation of the need to work on speech-language competence in ordinary everyday contexts (home, school, community, work) to ensure that skills learnt are truly able to be used effectively in these diverse contexts (Bunning, 2004). This growing awareness of ‘context’ has yet to result in widespread appreciation that speech-language therapy sessions themselves are socially constructed contexts, warranting research in their
own right. Nor has the idea of ‘culture’ as the ultimate context for talk (Gould, 2009) been influential in speech-language therapy practice to date.

1.4.1 The importance of researching professional talk

Following the publication of Constructing (In)Competence (Kovarsky, Duchan & Maxwell eds, 1999), in which various authors described the ways professional practices such as report writing (Duchan, 1999) and assessment (Maynard & Marliare, 1999) actually contributed to defining clients with communication impairments as ‘incompetent’, a small but growing body of research has sought to define more clearly the professional practices SLTs should nurture. The importance of understanding the impact of different patterns of SLT talk on the nature of the relationship is underscored by four important shifts in clinical practice.

- First, and foremost, is the shift from clinician-directed intervention to more client-centred approaches to intervention (Fourie et al, 2011).
- Secondly, there is a strong move to evidence-based practice across the health sector (Dodd, 2007). Research into the efficacy of different intervention techniques and programs cannot provide the required level of evidence, unless we better understand the nature of the interaction between SLT and client – as it is this relationship that is at the heart of the intervention process.
- Thirdly, the call for clinicians to be reflective practitioners (Higgs & Titchen, 2001; McAllister, 2005) requires that SLTs develop ways of understanding their own talk and practice. Given the centrality of talk to the professional practice of SLTs, reflective practitioners need a solid grounding in discourse analysis; this will allow them to acquire the necessary skills to unpack the complexity of spoken interaction. Freeman (2004) noted that the research on therapeutic discourse and interaction is poorly disseminated and is not readily available to practising therapists.
- Finally, there have been changes in the support provided to novices to develop effective patterns of interaction with clients. In Australia, the rise in the number of SLT training programs, in conjunction with a rise in private practice and a contraction of offers for clinical placements, has resulted in significant changes to the range of opportunities students have to observe experienced practitioners interacting with clients. Rogers et al (2008) describe a range of challenges that
impact on providing sufficient practice placements for students, including “staffing shortages, fiscal constraints, increased complexity within the health, human services and education sectors as well as increasing student numbers” (2008:53). Recent moves towards the use of simulations of various kinds are a particular case in point. Without a clearer understanding of profession-specific ways of interacting, the design of simulations may well result in an even greater focus on the ‘client’ and not on the interaction between ‘client’ and SLT.

In the past decade, there have been a number of calls by researchers for greater engagement with professional ways of talking. In their seminal article calling for more research on professional ways of talking, Ferguson & Armstrong (2004) identify a number of aspects of professional practice where the actions of professionals do not correlate with the professional ‘rhetoric’. Through reviewing literature relating to diverse aspects of professional practice, they present a picture of discrepancies between activities in therapy sessions and communication practices in the everyday life of the client. They also identify mismatched understandings between clients and their therapists about the aims and outcomes of therapy, and similar problems in developing shared understandings with other health professionals and with students in clinical education interactions. At the base of many of these discrepancies is the continued power of the medical model to implicitly shape professional ideas about the role of the therapist in interactions with clients and others. While therapists more frequently talk and write about the importance of a ‘social’ model of health as a framework for professional practice, where client understandings and needs have equal importance with expert knowledge, SLTs often continue to act in ways that tend to be consistent with more traditional medical approaches to defining therapist and client roles in interactions.

In response to Ferguson & Armstrong (2004), Cortazzi & Jin (2004) discuss the need for SLTs to think further about a number of “functions of professional talk” (2004:480). They describe an ‘educative’ function, which they see as including pedagogic tasks as well as empowering clients. They also define a ‘professional development’ function that relates to helping others to understand therapy practices as well as skills required of those wishing to be involved in therapy activities. The third function they describe is a ‘collaborative’ function for interactions, for talk with clients and with significant others such as other professionals, interpreters and family members. The final function of therapy talk they see
is an ‘inter-cultural’ one, relevant to professionals working in multicultural and multilingual contexts. This involves developing awareness of cultural variation and commonality in communication as an effective way of “reflecting on general features of therapists’ talk” (2004:480).

Cortazzi & Jin (2004) also point to the central ‘paradox’ in speech-language therapy practice: namely, that the professional focus is on client talk, even though, as with all institutional interactions, this focus is shaped by discourse practices that are co-constructed by the parties to the interaction. They agree with Ferguson & Armstrong’s central assertion that the profession needs to think further about the nature and function of their own talk, particularly in relation to what they describe as three major asymmetries that exist in SLT-client interactions. They note the asymmetries of power – also seen in other institutional interactions – that exist between client and therapist, and the impact this can have on therapy outcomes. More significantly though, they also describe the asymmetries of communicative competence and asymmetries of discourse identities. The impact of a client’s communicative difficulty on the co-construction of interaction can often be exacerbated by professionals maintaining an ‘idealised’ model of their own talk. The authors note the similarities here with English as a Second Language (hereafter ESL) teachers and suggest that approaches like task-based learning and problem-solving tasks might provide a useful way to reduce the amount of therapist talk time in sessions. An example of this kind of therapy is the project approach to brain injury intervention developed by Yvilisaker, Feeney & Capo (2007). Cortazzi & Jin (2004) also suggest that the professional identities of therapists, shaped by notions of ‘standard’ forms of talking, potentially hamper effective interaction with clients from diverse cultural and social backgrounds, unless therapists are able to self-monitor and reflect on their own patterns of talk.

Taking up this theme of professional identities, Leahy (2007) argued that the discourse of SLT is based on a client who has a perceived deficit in communicative ability and a professional with expertise in diagnosis and treatment. Both client and clinician assume roles with a presupposition of the client’s deficit as the focus of attention. Adherence to these roles results in dominant exchange being of the Initiation-Response-Feedback variety that maintains and promotes the inherent asymmetries of interaction (see further discussion of this dynamic in chapter 3). Leahy identifies a mismatch between the stated goals of
therapy (e.g. increased confidence and ability in communication) and the persistence of patterns of interaction that involve high levels of evaluation by therapists. She presents a case for greater awareness of qualitative methods for understanding “the how of socio-cultural phenomena, not just the fact that they happen” (2007:72) and argued that ethnography, conversation analysis and framing are three methods of discourse analysis that enable therapists to incorporate participants’ perspectives on phenomena. Leahy further argued that analysing therapeutic discourse provides a means of moving from the predominant professional focus on client performance to a greater focus on interaction as a basis for a working relationship through which ‘therapy’ is conducted. Analysing interactions, with a focus on the talk of both participants, provides for the possibility of understanding how ordinary therapy interactions are constructed, and how ways of talking shape the clinical roles, and different patterns of participation in therapeutic contexts. Leahy pointed to the importance of supportive relationships in facilitating change and identifies discourse analysis as an important means of identifying the ways in which clients and therapists negotiate various roles. The micro-analytic work involved in discourse analysis also provides a vehicle for identifying aspects of client communicative competence, as opposed to communication difficulty. Leahy suggested that many clinicians are unfamiliar with discourse analysis as anything other than a tool for research, and thus have reservations about its application generally and as a means of improving therapy. “Approaches to discourse analysis are underexploited in most clinical encounters, with the notable exception of the aphasia clinic” (2007:79).

In their review of early studies in therapeutic interaction, Leahy & Walsh (2008) also identify the prevalence of triadic IRE exchange structures in therapy session. They argue that the asymmetries inherent in this style of interaction enable the therapist to maintain control, in ways that are at odds with a professional rhetoric that promotes partnerships (Sarno, 1993; Roberts & Kaiser, 2011; Byng, Cairns & Duchan, 2002).

From all these researchers and academics comes a strong call for SLTs to more closely engage with discourse analysis processes as important tools for understanding the nature of SLT-client interactions, which would provide a basis for developing reflective skills about different aspects of the therapy relationship.
1.4.2 Methodological approaches to professional talk

Researchers using different theoretical frameworks for analysing therapeutic discourse (e.g. systemic functional linguistics, critical discourse analysis, ethnography, and conversational analysis) are beginning to inform our understanding of the therapeutic process, and of therapeutic relationships.

An increasing number of speech pathologists are using critical discourse analysis (hereafter CDA) as a research paradigm. These ‘critical’ voices in the profession coherently describe the potential for the systems within which speech-language therapy services are provided (e.g. health, education, disability services) to actually work against clients’ benefits. Systems are designed to be self-perpetuating, which ultimately means putting the needs of the ‘system’ before the needs of the individual. From people such as Beecham (2004, 2009), Hand (2010), Pillay (2001, 1998), Kathard & Pillay (2007) and Kathard et al (2007), we hear the voices of the less powerful (the student and the client) more clearly for having their stories set against a woven background of contextual factors. These researchers focus on the clients’ experiences of being marginalised within a system; the actual practices or the actions of people that result in marginalisation are discussed at a distance (Maxwell, Kovarsky & Duchan, 1999), not through direct analysis of actual interactional data. While it is undeniable that spoken interaction is a significant aspect of the social-political picture of ‘healthcare’, and that issues of ‘power’ exist in SLT-client interactions, CDA as a theoretical approach provides no way of addressing the moment-by-moment mechanism through which interaction unfolds and is understood (Fairclough, 1995).

Systemic functional linguistics is a theoretical framework that encompasses all aspects of interaction – from the macro- (social role/context) to the micro-level (word choices/sound production). It is a framework used by many leading speech-language therapy researchers in Australia to explore various aspects of clinical practice, including aphasia therapy (Armstrong & Ferguson, 2010), student clinical education (Ferguson & Eliot, 2006), stuttering (Spencer, 2009), child language disorders (Ewing-Cobb, Brookshire, Scott & Fletcher, 1998), writing (Mortenson, 2005) and traumatic brain injury (Togher, 2004). Most of this research has focused on understanding the talk or actions of clients, even though, as discussed previously, Ferguson & Eliot (2006) defined the generic structure of
SLT interactions, and Ferguson et al. (2010) used a systemic functional methodology to identify differences in the ways SLTs and family members talk about goals for therapy. As with CDA, the representation of the interactions between professional and client in the transcription process tends to focus on the level of the word, without including other semiotic resources available for creating meaning. Intonation, silence, overlaps, gestures, etc. are inherent in the production of talk-in-interaction, and all may have significance for understanding the complexity of spoken interaction as it unfolds in the temporal plane, particularly when analysing interaction involving people for whom spoken interaction might be difficult.

Following on from the work of Hymes (1972), Saville-Troike (1984) developed a framework for exploring the multiple components of context that are relevant for communicative interaction. Saville-Troike provides a powerful reminder of the importance of aspects of communication other than just ‘content’. Her framework encourages attention to all aspects of the context in which language is used: from the tangible (physical surroundings, people involved, the mode of language, whether spoken, written, non-verbal, etc.) to the intangible (the emotional ‘key’ of the event, the sociolinguistic rules for interaction that apply and the norms of interpretation of those rules in a particular local context). Ethnography adopts the kind of ‘emic’ stance required to understand interaction from perspectives of both participants, and conversation analysis researchers frequently use elements of ethnographic methodology to support their exploration of interaction (see Moerman, 1987; Pomerantz, 2005; Depperman, 2001). A number of SLT researchers have identified the value of ethnography to the understanding of professional practice (Kovarsky & Maxwell, 1992). Kovarsky & Crago (1990) called for an ethnography of communication disorders, arguing that greater emphasis on the ‘speech event’ might lead to important understandings about face-to-face therapeutic interactions. Tetkowsk & Franklin (2003) identified ethnography as an important tool for SLTs in relation to assessing communication skills of clients in diverse contexts. Clark (1997) used a combination of ethnography and CA to explore the ways in which SLTs work with interpreters, and Clark (2007) explored the implications for clients in the transition from medical to rehabilitation wards using ethnographic descriptions of each of these contexts. This research adds to our broad understanding of clinical practice (Tetkowsk & Franklin, 2003; Townsend, 1996; Proding et al, 2015), but does not provide clear evidence of
professional modes of talk in actual interactions. The analysis of how talks unfolds in time requires a conversation-analytic approach to interaction.

1.4.3 CA research on SLT talk

A growing number of researchers are using conversation analysis as a means of understanding the nature of different communication disorders and the impact they can have on interaction. This research has been powerful in showing the ways in which clients display interactional competence, even when linguistic competence is impaired. There have only been a small group of researchers that have specifically focused on the nature of professional talk using CA.

As noted previously, Merrills (2007) used a CA analysis of therapy sessions with children to identify different phases of therapy sessions. She noted that misunderstandings can often occur when the transition between these different phases of talk is not clearly made, as each phase involves different patterns of interaction of SLT and client.

Gardner (1998) used a conversation analytic methodology to analyse interactions between SLTs and children with speech sound disorders. She described the ways SLTs produce initiating turns that provide child clients with significant phonetic and articulatory information on which they could base their subsequent turns at production of sounds in context of word production. She also identified that SLTs provide opportunities for children to reflect on the error in some way before they attempted the word a second time – often through presentation of an enhanced model of what the child needed to say. These enhanced productions were then followed by the child repairing their original production of a word. This research also identified that parents showed different style of interaction to that identified for SLTs, and a subsequent study (Gardner; 2008) used the previous findings about SLT responses to train parents and other agents of therapy to provide stronger cues, prompts and modelling.

Horton (2006) used a combination of ethnography and CA methods in the development of the Aphasia Therapy Interaction Coding System (ATICS). This system is based on the three-part exchange structure identified by Sinclair & Coulthard (1975), but patterns of interaction in therapy sessions are coded “in a manner stimulated by the literature on Conversation Analysis” (Horton & Byng, 2000:363). Horton’s stated aim is to develop a
conceptual framework, where the concepts work as sensitising resources (Silverman, 2000) for the examination of the therapy process. Horton identifies different phases, or what he refers to as various “domains” (2006:540), in the macro-structure of therapy sessions, using the labels settling down period, opening up business, doing therapy tasks and a closing down period. Within each of these domains, he identifies different kinds of actions that occur. In the domain of doing therapy tasks, Horton described two main types of action – task introductions and the overall management of tasks. The latter includes the various processes through which “the person with aphasia’s responses in therapy tasks are anticipated and contingently managed” (2006:548). He shows that the “dominant feature of ‘doing therapy tasks’ is the actual process of the therapist initiating tasks, the person with aphasia responding and the therapist responding in turn in various ways” (2006:549). Some of the enactment processes that are relevant to overall task management include elicitations, elicitation-response-follow-up, summary, information and clarification checks.


Leahy (2004) used a combination of CA, ethnography and frame analysis (Goffman, 1981) to analyse the therapeutic interaction between a SLT and a teenage client who stuttered. She found that “asymmetry between the clinician and the client roles is exemplified in the overall structure of the IRE sequence, with the clinician taking the leading role and directing the course of the session” (2004:78), though there was also evidence of symmetry when participants were engaged in a ‘socio-relational’ frame. Leahy discussed the data analysis with the SLT who had provided the data, and reported that the SLT found that the analysis “provided a new awareness of how the issues of control and choice in therapy are negotiated” (2004:78).

Simmons-Mackie et al (1999) used a combination of ethnography and CA to examine feedback behaviour by SLTs in aphasia therapy. They analysed two of their fifteen data samples using CA transcription and analysis procedures. Through this analysis, they identified “seven functional categories of feedback” (1999:220), which they then verified by reviewing the other data samples. They found that SLTs used evaluative turns not only to provide information on the accuracy of responses but also to provide encouragement, to solicit co-operation and to consolidate social roles – for example, the clinician as expert
“helper or fixer” (1999:226). They concluded their article with a call for further research regarding outcomes associated with variations in feedback and the variables that influence feedback usage, adding that “[a] more thorough understanding of feedback, along with the social interaction of treatment, will ultimately enhance the effectiveness and efficiency of aphasia treatment” (1999:228).

Simmons-Mackie & Damico (2008) describe their research on patterns of correction in aphasia treatment sessions as “qualitative research … using discourse analysis” (2008:8), even though it is clear that it is informed by CA methodology and findings. They discuss the difference between ‘repair’ and ‘correction’, and note that the two broad categories of correction they identified in their data were “consistent with definitions of ‘exposed’ and ‘embedded corrections’ offered by Jefferson (1987)” (2008:9). Simmons-Mackie & Damico showed that exposed corrections were more frequent in impairment-based therapy than in sessions that involved a functional-social approach to treatment. In the latter, embedded corrections were more prevalent; they “typically occurred within a sequential environment that did not call for therapist evaluation” (2008:13).

In summary, the CA research to date on profession-specific ways of talking has predominantly looked at issues of sequential organisation of sessions. Ferguson and Armstrong (2004) identified over a decade ago that there is a clear need for more qualitative research on the nature of therapeutic interactions. There is still insufficient research on the specific nature of therapist-client interactions. This lack of qualitative research on therapy interactions can be addressed by more detailed CA research on the nature of profession-specific aspects of interactions in therapy sessions. One aspect of therapy sessions that has been researched previously is the ways in which SLTs evaluate client talk. The review of prior research has confirmed that evaluative turns are an important feature of interactions relating to the completion of therapy tasks; it also shows that evaluations potentially serve different functions, and that they can be a useful lens through which to view the asymmetry that exists in the relationship between SLT and client.

Through the process of transcribing and analysing the recorded data collected for the present research, patterns of evaluation emerged that were found that were different to the patterns previously described in the literature. The diverse ways in which evaluations can
be done have significance for the conduct of therapy overall and need to be more clearly defined in order to understand the implications each type has for shaping the relationship between therapist and client.

1.5 Research Questions

In line with the data-driven nature of conversation analysis, the original aim of this thesis was to explore the general nature of SLT-client interactions to identify features that represent the institutional nature of therapy, and that help to define particular kinds of talk between two people as ‘therapy’. Through the process of transcribing and analysing the recorded data, patterns of evaluation emerged that were found to be of significance to the conduct of therapy and to the sequential nature of completing therapy tasks. The questions that surfaced during transcription related to the nature and location of evaluations. Over time, I also became interested in the role that evaluations play in shaping the client’s skill development, and in promoting client engagement in the learning process at the heart of therapy. The analysis presented in chapters 4 -7 will address these questions:

1. Where do evaluations occur in relation to the completion of tasks in therapy?
2. How are evaluations produced, and by whom?
3. What role do evaluations play in shaping client performance?
4. What opportunities are there for clients to participate in the evaluation of their own performance?

1.6 Contribution of this thesis

This thesis addresses the gap identified in the literature regarding the nature of SLT profession-specific ways of talking, particularly in relation to the ways in which evaluations of client performance are produced during therapy sessions. This thesis adds in a number of ways to the existing small body of CA research on SLT professional ways of talking. It confirms evaluations are a key element contributing to the institutional nature of SLT-client interactions in task-related therapy sessions in various domains of professional practice. It looks beneath the ‘functions’ of evaluation that have been discussed previously in the research, to identify how evaluations are produced in different sequential positions, i.e. not only in third turns of sequences but also, in more limited ways,
in first turns and occasionally in second turns. It also reveals the ways in which clients respond to SLT evaluations, and how clients display their own ability to evaluate their performances.
Chapter 2: Methodology

2.1 Introduction

To adequately examine SLT evaluations of client performance, it is important to focus on the minute detail of interaction. Only by understanding how evaluations are produced and receipted in the moment-by-moment flow of interaction is it possible to understand how the action of each evaluation is designed to meet particular situational demands as the therapy task unfolds. This chapter involves a review of the methodologies relevant to the exploration of interaction in professional practice (2.2) and makes a clear argument for the power of conversation analysis to highlight the detail of interaction in SLT therapy sessions (2.3). The chapter will finish with a description of the processes of data collection, transcription and analysis.

2.2 Methodologies for researching interaction in professional practice

SLTs work in three major areas: the health sector, education sector and disability sector. Hand (2007) rightly identifies the challenges for professionals that straddle multiple domains, as each has developed over time different ways of understanding 'how professional practice is implemented, and how research is undertaken. Understanding speech, language and swallowing requires a detailed knowledge of the body structures and how these function. The professions attention to biomedical aspects of individual ability places health professionals such as speech pathologists, who work in education sectors somewhat apart from other professionals in those fields. The professional association defines its professionals as ‘allied health professionals’ (Speech Pathology Australia, 2015) and thus this section will focus on methodologies for researching professional practice in the health sector.

Researchers and practitioners in the health industry have been taking a closer interest in qualitative research for some years now (Pope & Mays, 2002; Grbich, 1998), in line with the greater focus placed on the experience of the individual at the centre of episodes of health care. This interest ranges from a desire to understand clients’ beliefs about health (Helman, 1991), particularly in the health promotion field, or their preferences for particular forms of medicine (Koch, Jenkins & Kralick, 2003), to a keenness to better understand the workings of ‘institutional interactions’ (Drew & Heritage, 1992; West, 1984, 2000; Lindsay & Wilkinson, 1999).
Born out of the inquisitive and exploratory attitudes of the 19th century, sociological and anthropological approaches to understanding social interaction have evolved from a focus on the ‘exotic other’ (hooks, 1990), to become relevant theoretical frameworks for understanding all manner of social action in context, including interactions in speech therapy sessions. Denzin & Lincoln (2003) offer the following generic description of qualitative research:

> Qualitative research is a situated activity that … consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations … Qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (2003:4-5)

When speech-language therapy researchers seek to ‘understand’ the perspective of the client, to give value or even precedence to the ‘voice’ of the client (Mishler, 1984), they have a range of theoretical paradigms to choose from: phenomenology (Cream et al, 2003; Fourie et al, 2011), hermeneutics (McAllister, 2002), discourse analysis (Hand, 2004; Ferguson & Armstrong, 2004), critical discourse analysis (Beecham, 2004; Pillay, 2003). In some form or other, these methodological approaches to understanding social action, all focus, in one way or another, on the language used by individuals to express their lived experience, and their perspective on the issue at hand.

Researching interaction, however, limits the range of qualitative methodologies that are relevant, as not all qualitative methodologies can deal with the ways in which interaction unfolds, through the use of various semiotic resources in time and in a specific context. To identify the specificities of how spoken interaction in therapy proceeds and is understood, it is not sufficient to simply rely on participants’ ‘memory’ or ‘beliefs’, which would be accessed via interviews or surveys. Reflections on experience that occur in the ‘extraordinary’ world of research interviews can be subtly or significantly different to what actually occurs in ordinary interaction.

Interactions can be analysed from a range of different methodological perspectives, as Eggins & Slade (1999) show in the diagram on the following page from their *Text, Analysing Casual Conversation* (1999:24).
Figure 2.1
Approaches to analysing conversation (Eggins & Slade, 1999:24)

Though the focus of Eggins & Slade (1999) Text was on casual conversation, the range of methodologies they describe is equally relevant to the analysis of institutional talk. As discussed in the previous chapter, researchers using socio-linguistic, structural functional and social-semiotic approaches have contributed to the way we understand professional-client interactions, however none of these approaches provides an analytical mechanism for understanding the ways in which interactions are produced in a temporal sense. In order to understand the ways in which speech-language therapy services are actually provided, it is important to start with a focus on how people display to each other their understanding of what is going on, as seen through their contributions to the interaction on a moment-by-moment basis. The importance of transcribing and attending to as much of the fine detail of the interaction as is possible cannot be under-estimated. Interactions happen in the temporal realm; an individual’s turn at talk must therefore be explicable to the interaction partner as it unfolds, moment-by-moment in time. All verbal and non-verbal resources for meaning making (hesitations, stressed syllables, pitch changes, overlaps, word choice, repair and, where possible, gaze, gesture and body orientation) are potentially relevant to understanding the individual’s perspective on what is happening. A simple utterance such as ‘ah’ can be turned into a

resigned complaint about a therapist by virtue of it's pairing with a shoulder shrug and eye-roll.

The next section will clarify the rationale for the use of conversation analysis as the overarching methodological framework for this project.

### 2.3 The power of conversation analysis

Conversation analysis (hereafter CA) is a method for analysing spoken interactions that arose out of the fields of sociology and ethnomethodology (ten Have, 1990; Heritage & Clayman, 2010). The primary focus of conversation analysis is the organisation of talk that occurs as part of the ordinary interactions between people. CA seeks to examine the organisation of coordinated actions (talk, gaze, gesture, object use, etc.) to identify the way people accomplish various kinds of implicit or explicit ‘interactional business’ (Wootton, 1981). Participation in interaction is accomplished through procedures that form part of the socio-cultural competence of members of a community, and the choices we make in interaction are always accountable in some way to our interaction partners. Garfinkel’s (1967) description of utterances as ‘actions’ is crucial to an understanding of how CA approaches the notion of accountability. Heritage & Atkinson (1984) note that:

> The central goal of conversation analytic research is the description and explication of the competences that ordinary speakers use and rely on in participating in intelligible, socially organized interaction. At its most basic, this objective is one of describing the procedures by which conversationalists produce their own behavior and understand and deal with the behavior of others. (1984:1)

CA is not a theory⁴, and has even been criticised for its “single-minded focus on data to the exclusion of theory” (Filipi, 2009:54). Regardless of the critiques of CA’s overwhelmingly empirical focus, the very data-driven nature of this methodology does demand that the analyst be able to account for the systematic nature of talk-in-interaction. This is made possible by the key assumptions that underpin this method of analysis. First

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⁴ see ten Have, 1990 for a detailed an insightful discussion of the methodological issues relevant to CA and its ethnomethodological origins.
of all, talk is the primary method by which interpersonal relationships are formed, maintained and dissolved (Nofsinger, 1991). People use a range of semiotic resources (Goodwin, 2000) to design their turns at talk and accomplish the social actions that such turns represent. Participants in interaction are overwhelmingly successful in ordering and interpreting their talk and actions for themselves and for each other (Schegloff, 2007). This success is largely connected to what the burgeoning body of CA research has shown to be systematic features of talk. There is “order at all points” (Sacks, 1984:22), from the ways in which turns at talk are taken (Sacks et al, 1974) to sequential organisation of action (Schegloff, 2007) and even the ways in which the organisation of conversation reveals the perspectives of participants (Heritage, 2004).

CA offers not only a methodology for undertaking a detailed analysis of interaction, but also a substantial body of research findings relating to many diverse aspects of interaction. There is also a growing body of CA research on communication disorders, as researchers in diverse areas of professional practice recognise the value of attending to the micro-level of how communication impairment impacts on interactions (Wilkinson, 2013; Tetkowsk & Franklin, 2003; Gardner; 2006; Horton, 2008; Horton et al.,2013; Simmons-Mackie et al., 2007; Simmons-Mackie and Elman, 2011; Wilkinson (2013)). In their overview of a special issue of the journal *Aphasiology*, Hesketh & Sage (1999) posed and answered an interesting question:

> Why have aphasiologists now become interested in conversational data? Because it is a logical step on the road to a meaningful and realistic consideration of the effects of communication impairment. (1999:239)

The body of CA research currently available clearly shows that, when we focus on the micro-level of how people manage local difficulties in interaction, a range of strategies are being used even when linguistic competence is significantly impaired (Goodwin, 2007). This has led to a greater appreciation of the communicative competence that can co-exist with the various levels of impairment.

CA research has also unequivocally shown that meaning in interaction is co-constructed. It is crucial to analyse the behaviours of both (all) interaction partners, as both (all) are involved in the construction of each turn, and together they determine the course of interaction. CA research on communication disorders has predominantly focused on
understanding the nature of the impairment, but there is growing interest in the ways CA methodology and findings can be used to modify patterns of interaction between communication partners (Simmons-Mackie, Raymer, Armstrong, Holland & Cherney, 2010; Wilkinson, Bryan, Lock & Sage, 2010), with some interest shown for possible uses of CA in assessment (Whitworth, Perkins & Lesser, 1997; Tetnowski & Franklin, 2003), and to foster critical reflection of practice (Horton, 2004). As discussed in the review of relevant literature in chapter 1, a small group of researchers have addressed patterns of professional talk using CA (Wilkinson, 2013; Horton, 2008, Simmons-Mackie et al, 1999). This review of relevant studies on professional talk using CA methodology confirmed the significance of the IRE sequences in aphasia therapy, and clarified the need for more detailed examination of where and how evaluations are accomplished in a diverse range of therapy contexts.

2.4 Data collection, production and analysis

The data for this research consists of audio and video recordings of naturally occurring interactions in a range of SLT contexts. This section provides information about the process of data collection and the conventions used to produce detailed transcriptions of the recorded data in written form. In addition, it presents an overview of the processes involved in analysing the combination of recordings and transcriptions.

2.4.1 Data collection

To develop a better understanding of how SLTs and clients interact during the completion of therapy tasks, it was imperative to collect naturally occurring interactions. In a procedure approved by ethics committees from three universities (the University of Newcastle, Charles Sturt University and the Australian National University), potential SLTs were identified through professional networks and through calls for participants made at a series of workshops focusing on interactional research in speech-language therapy professional practice. Whenever SLTs expressed interest in participating in the research, they were individually contacted and provided with an information sheet about the research and a consent form. Those SLTs who agreed to participate in the data collection undertook to recruit clients who agreed for their regular therapy sessions to be recorded and included in the research. As many speech pathologists routinely record

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5 HREC Approval No: H-761-0204
aspects of therapy sessions, this process would not have been unusual for either therapists or clients. The only instructions given to SLTs who had expressed interest in participating in the research was to record, using either audio or video, examples of what they considered ‘ordinary SLT interactions’ in their particular workplace. Recorded samples were then submitted to the researcher by mail, along with consent forms from both client and SLT. The therapeutic focus of each recorded session was recovered intuitively from the recordings, and verified through discussion with speech pathology colleagues.

As a result of the method of data collection, the data covers a range of therapy domains and situations. The Competency Based Occupational Standards for entry-level practice (SPA, 2011) describes six areas or domains of professional practice – speech, language, voice, stuttering, dysphagia and multi-modal communication. The recorded interactions sent to me involved SLT-client interactions in four of the six areas of professional practice: speech, language, dysphagia and multi-modal communication. The two areas of practice that are not represented in our data set are voice and stuttering, which may in part be due to the fact that these are areas of practice most commonly occurring in the private sector. The recordings were produced in a range of physical contexts including homes, schools, community centres and clinics. They involve therapy sessions at individual and at group level, involving both children and adults as clients. Some clients had an impairment that was likely to be chronic, whereas for others there was a chance that their impairment would reduce or change over time. The majority of the recordings involved interactions in intervention sessions – focusing on speech production, on language processing and production, on social skills and on the effective use of alternative and augmentative (AAC) resources. Two recordings involved a case history and observation/assessment of a client with a swallowing disorder.

The nature and length of recordings is set out in Table 2.2.

<table>
<thead>
<tr>
<th>Area of SLT practice</th>
<th>1:1 or group</th>
<th>Length of recording (in minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td>1:1</td>
<td>32</td>
</tr>
</tbody>
</table>

SLTs were not asked to provide any description of the nature of the relationship, the length of therapy or the focus of the therapy activities. While this information could provide useful insights into the relationship, a decision was made to work from recordings alone, and not to cloud the analytical process with the SLTs perceptions of their therapy sessions.
Table 2.2 Nature and length of recordings

2.4.2 Transcription and analysis

Transcription is a pivotal aspect of qualitative research (Oliver, Serovich et al, 2005). As many researchers and theorists have noted (Hutchby & Wooffitt, 1998; ten Have, 1999; Liddicoat, 2007; Flood, Lapp & Brice-Heath, 2004), transcription is not a neutral activity. In deciding how to represent the recorded talk in written form, a researcher must make decisions about the level of detail to be included in the transcript. The first decision related to the mixture of audio and video recordings that were received from SLTs. The decision was made to transcribe all interactions using audio recordings only, for two reasons. Firstly, the majority of recordings sent to me were audio recordings. Some SLTs considered video too intrusive for their clients and/or clients only consented to sessions being audio-recorded. In addition, audio-recording is a more common practice in therapy practice than is the use of video recordings – in part because of the flexibility provided by smaller, more portable audio recording devices. The second reason related to the poor quality of video recordings received: some involved images of the client only, with the SLT not visible at all, and those involving multi-party interactions were not recorded with sufficient focus on the faces of the interactants to make visual details of interaction analysable.
The second decision made in the process of transcription related to the labelling of participants with reference to their institutional roles: SLT as ‘T’ and client as ‘C’. This decision was made to highlight the respective roles and to camouflage particular individuals in the most thorough way possible, as members of two different groups of people rather than as individuals per se. It also facilitated routine attention to the ways institutional roles are enacted under the umbrella of SLT therapy.

The first round of transcription involved representing the talk in its temporal dimensions – adding overlaps, silences and sound stretches to the representation of words as spoken by the interaction participants. To achieve this initial level of detail, all recordings were transcribed from the audio using the conventions developed by Gail Jefferson (2004). The use of Wavepad software allowed for a visual representation of the sound wave, which is particularly useful in measuring silence length. The list of transcription notation symbols used can be found in Appendix A at the end of the thesis.

Presentation of data to various groups of professionals and CA researchers provided an opportunity for verification of the transcriptions. Recordings and transcription data were presented and discussed: (a) at regular data analysis sessions at universities offering PhD programs in Conversation Analysis in Australia (ANU and The University of Melbourne) as well as in the UK (Manchester University, University of York and Sheffield University); (b) at data sessions involving speech pathologists (Charles Sturt University and Curtin University); (c) at conferences (SPAA 2009, 2010; ALAA 2009; IPrA 2009); and (d) through discussions with members of my supervisory panel.

In the process of generating and refining these initial ‘basic’ CA transcripts, my attention was drawn to the nature of evaluations in SLT interactions. Having identified, from my concurrent reading, that evaluation is an important signifier of the asymmetry inherent in institutional interactions, I went through the preliminary transcripts, identified all evaluation segments and transcribed the sequences in which these evaluation segments occurred in more detail from the audio recordings. As ten Have (2004) notes:

While the essential characteristics of the materials, i.e. records of streams of interaction, and the general purposes of study, i.e. a procedural analysis of those streams, set broad limits to what an analyst can responsibly do, it
leaves [researchers] with ample room to develop their own best fitting heuristic and argumentative procedures. (2004:54)

Identifying examples of evaluative turns was achieved through repeated search of all segments involving some kind of therapy task for positive evaluative terms. An understanding of the patterns of evaluation in each sequential position (1st, 2nd, 3rd turn) was built over time through a iterative process of reviewing data sets, then confirming features of evaluative turns through discussion and reviewing literature, before returning to the data sets to eliminate examples that did not actually involve the action of evaluation. Patterns of evaluative practice, and raw data examples were presented in various forums (data analysis groups; supervisory sessions; conferences and professional staff meetings) for further verification.

Having collected and collated the evaluation sequences, I used the recommendations provided by Pomerantz & Fehr (1997) to select sequences, characterize actions within them, and then describe the linguistic means by which these actions were achieved. The process of writing up my analyses was a further level of analytical decision making, as patterns became more apparent through their description. The excerpts presented in this thesis have been chosen for their ability to best represent the patterns that were identified in the analysis process, given that it would be impossible to include all examples of evaluation in the one thesis.

2.5 Research questions guiding this study

The analysis in four subsequent chapters will address these questions:

1. Where do evaluations occur in relation to the completion of tasks in therapy?

2. How are evaluations produced, and by whom?

3. What role do evaluations play in shaping client performance?

4. What opportunities are there for clients to participate in the evaluation of their own performance?
Prior to the detailed analysis of patterns of evaluation, Chapter 3 will provide a more detailed review of the terminology relating to evaluation in relevant fields of research and practice – namely CA research as well as both ESL and SLT research and practice.

This discussion is warranted for three reasons: firstly, so that the ways in which terminology is used in the remainder of the thesis is clearly articulated. Secondly, because the ways in which terms are defined gives some indication of the perspective (mechanical, behavioural, educational, everyday) these terms represent. Thirdly, and more importantly, understanding the origins and key research relating to the ways different terms are used in various bodies of literature is relevant, as the subsequent data chapters draw on diverse bodies of literature.
Chapter 3: Clarifying the Language of Evaluation

3.1 What is evaluation?

According to Hunston & Thompson (2000), evaluation is “the broad cover term for the expression of the speaker or writer’s attitude or stance towards, viewpoint on, or feelings about the entities or propositions that he or she is talking about” (2000:5). Evaluating something involves a person not simply taking some kind of stance towards that ‘thing’; rather, as du Bois (2007) points out, all stance-taking actually involves a three-way interaction between the subjects (speaker and recipient) and the entity about which the stance is being taken (the object). Stance is, at one and the same time, a linguistic and a social act; both arise out of an interaction between speaker and listener – making stance a ‘dialogic action’ (du Bois, 2007:174). Evaluations are, therefore, any instance where a “speaker indicates the social meaning or value of a person, thing, event or relationship” (Linde, 1997:152). Thus, they are an important mechanism whereby speakers display to each other how they see the world (Goodwin & Goodwin, 1992; Pomerantz, 1984). To understand why stance-taking occurs at any particular point in an interaction, it is important to explore the context within which the stance-taking occurs, the interactional relevance of stance-taking at a particular point in time, and the socio-cultural values that are being invoked through the stance taken.

As exploration of evaluation is at the heart of this thesis, it is necessary to clarify the various terms that are used to denote ‘stance-taking’ in relevant bodies of literature and practice. The various terms used (i.e. assessment, evaluation, feedback, stance-taking) alert us to the fact that different bodies of knowledge and research address the process of evaluation through which people make public their opinions about entities in the world. The SLT specific literature uses one term, feedback, while the CA literature uses two related terms, assessment and evaluation. This range of terms represents a significant complication for the SLT researcher or reflective practitioner interested in understanding how evaluations influence SLT-client interactions.

As all three terms are potentially relevant to understanding evaluation of client talk in SLT practice, this chapter will clarify how the terms assessment, evaluation and feedback are currently used in the speech-language therapy and CA research literature. In addition, I
will explore how the terms *assessment* and *evaluation* are used in education and second language teaching, both of which are domains of professional practice that share a focus on language as the assessable element of behaviour or performance. This exploration will form the basis for decisions about how relevant terminology will be used in the remainder of this thesis, as well as providing an overview of important issues relating to the evaluation of talk, which will be taken up again in the final discussion in Chapter 8.

### 3.2 Clarifying *assessment*

#### 3.2.1 Assessment in CA literature

In CA literature, the term *assessment does not* relate to a process through which information is collected to make diagnoses of the type that occur in SLT practice; instead, it relates to a *claim to knowledge* about the value or nature of something. Assessments are a common feature of social activities and can be done on any aspect of the phenomenal world – people, places, objects, animals, events, actions, thoughts, feelings, beliefs, etc. Goodwin & Goodwin (1987) argue that the term *assessment covers* a range of phenomena that need to be addressed at analytically different levels, including the ‘assessable’ entity, an assessment ‘segment’ (i.e. a *structural* unit that occurs within the flow of talk), and a particular *type of speech act* being performed by the person producing the assessment. In her classic article on agreeing and disagreeing with assessments, Pomerantz (1984) identified some important features of assessments and noted that “assessments are produced as products of participation; with an assessment, a speaker claims knowledge of that which he or she is assessing” (1984:54). Producing an assessment gives the interaction partner a sense of the speaker’s experience of the activity or phenomenon.

An important feature of assessments is that they normally invite a second assessment from the hearer (Pomerantz, 1984). It is through the production of second assessments, which respond in some way to a first assessment, that participants routinely calibrate their shared understanding of the world. An example of this calibration of understanding can be seen in excerpt 3.1.

Excerpt 3.1: pretty bare

```
112  T  oh:okay.right. and you’re living up at the Meridian?
113  C  Meridian hospital.
114  T  how’s that going?
115  C  it’s not bad (.). it’s not bad actually.
```
When the SLT asks the client about the place where he is staying, the client responds with a muted positive evaluation (line 115: “It’s not bad—(.) it’s not bad actually.”). The client self-repairs, repeating the first evaluation and finishing the repeat with the ‘stance adverbial’ actually, which has been shown to “help to establish a sense of solidarity” (Biber, 2009:17). The SLT produces a second assessment that focuses on possible negative aspects of the accommodation (line 116: “pretty bare”). It is through this assessment sequence, and the following clarification of word meaning (lines 117-120), that we see the SLT and the client engage in what Goodwin & Goodwin (1992) found participants in interaction are doing, i.e. “calibrate their separate evaluations of events in their phenomenal world and … demonstrate how their minds are in tune with each other” (1992:149), coming to a shared understanding of the meaning of the word bare.

Antaki (2000, 2002) adds to our understanding of the action of various types of assessments by revealing that some assessments are actually used to mark control of an interactional sequence, rather than to express an opinion about a feature of the phenomenal world. He found that high-grade assessments, such as brilliant or lovely, are used as “markers of interactionally relevant action, marking the control or ownership of the interactional sequence” (Antaki, 2002:22).

CA research has provided researchers interested in assessment with a powerful lens through which to explore assessment phenomena in interaction. This research shows that assessments are an important vehicle through which participants calibrate their understanding of the world, but that they may also be used as a mechanism of control.

3.2.2 Assessment in SLT literature

In SLT literature and practice, the term assessment is used to define the process, often complex, of determining whether or not someone has a speech or language impairment. This process generally involves the collection of data, through observation, administration of tests, discussion, collection of artefacts and naturally occurring interaction data (ASHA, 2004). The data is then coded or otherwise analysed to make a judgement about whether or
not a particular set of behaviours, on the part of the client, relates to a speech or language impairment.

In the Competency-Based Occupational Standards (CBOS) for entry level graduates in Australia (SPA, 2011), assessment is the first of seven areas of competency that graduates need to be able to undertake and complete independently before they can graduate. As the excerpt from the CBOS document in Figure 3.1 shows, the term *assessment* involves actions such as *investigate, identify, administer* and *undertake*.

**Unit 1- Assessment**

In assessment, the speech pathologist establishes the communication and/or swallowing condition and issues of the client.

Element 1.1: Establishes and documents the presenting communication and/or swallowing condition and issues; identifies the significant other people in the client’s life and collates information on the client.

Element 1.2: Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.

Element 1.3: Administers speech pathology assessment relevant to the communication and/or swallowing information required.

Element 1.4: Undertakes assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

**Figure 3.1**

**Elements of Unit 1 – Assessment (SPA, 2011:3)**

These assessment processes are fundamental to the professional activity of speech pathologists; all other professional activities are based on the identification of whether a person presents with a communication or swallowing disorder or not. In keeping with the ubiquity and importance of assessment in SLT professional activity, the term *assessment* and the corresponding verb *assess* are used frequently in discussion with clients and significant others, as well as in the literature. The term can cover both the broader process of data gathering and the actual tests that may be administered as part of the overall process. Inevitably, it implies something that the SLT does ‘to’ the client – rather than a process of mutual discovery.
3.2.3 Summarising assessment

The term *assessment* in the SLT literature is used very differently from the way it occurs in the CA literature. While the SLT use of the term *assessment* is likely to involve some level of evaluation of client actions or linguistic behaviour, the term actually covers a more longitudinal process of collecting, collating, sifting, sorting and ascribing significance to data from various sources, not one single social action. In contrast, the term *assessment* in the CA literature refers to a mechanism whereby participants establish a shared understanding of both the world around them and the action(s) they are involved in. This calibration of perspectives relies heavily on the sequential organisation of talk-in-interaction, whereby ‘first’ assessments invite listeners to co-ordinate their understanding through the provision of a sequentially relevant ‘second’ assessment (Pomerantz, 1984), while isolated high grade assessments (Antaki, 2000) seem to function more to mark control of the interactional sequence itself.

The CA research on ‘assessments’ described above primarily relates to the exploration of judgements made in mundane, or everyday, talk-in-interaction. There are some differences in the way judgments are produced in institutional settings, commensurate with the different roles and knowledge held by various parties in institutional contexts and the overall purpose or ‘goal’ of the interaction. One of the features of institutional interactions is that the institutional persona has the right to evaluate aspects of a client’s behaviour (Drew & Heritage, 1992; Heritage, 1998).

3.3 Clarifying evaluation

3.3.1 Evaluation in CA literature

CA research which focuses on institutional contexts and interactions (Drew & Heritage, 1992; McHoul, 1978; Heath, 1986) has identified the presence of “different rules or, and entitlements to, talk” (Antaki, 2011:6) in the institutional context as one of the features distinguishing institutional interactions from everyday talk-in-interaction. In many institutional contexts, especially educational ones, part of the institutional, or expert, role is to evaluate behaviours of the client that have relevance to the goal that frames the institutional relationship (Drew & Heritage, 1992). When evaluations are done in these more restricted environments, they become part of the institutional role of the professional.
This linking of evaluation to the professional role may create challenges for the client in terms of how to respond to evaluations made about them.

Evaluations, then, are judgements produced by the institutional ‘expert’ on those actions of the client that relate to the institutional goal or purpose of the interaction. As such, evaluations not only reflect the diverse roles of the participants in the institutional interaction, but they have a particular temporal element, relating to an activity occurring at a particular point in time. They commonly occur at particular points in activities in relation to the achievement of some core goal, task or identity that is central to the purpose of the interaction (Drew & Heritage, 1992:22). One author who has specifically addressed the multi-faceted nature of evaluations in institutional activity is Linde (1997), whose paper investigates the way colleagues in the field of information technology evaluate a new piece of software. She suggested three levels or types of evaluation in institutional interactions. Firstly, there are ‘incidental’ evaluations, which are often made in passing. They relate to some immediate experience of an activity, and frequently do not receive any response. She also identified ‘constituent level’ evaluations, which are structural components of a discourse unit that must be negotiated and agreed upon by participants in order for talk to proceed. Finally, she identified ‘topic’ level evaluations, where evaluation is the topic or focus of an activity.

3.3.2 Evaluation in SLT literature

_Evaluation_ is not a term widely used in the SLT literature. In the American context, the term is used to refer to “procedures used by qualified personnel to determine a child’s initial and continuing eligibility” (ASHA, 2004), and as a synonym for _assessment_ (Haynes & Pindzola, 2011). In Australia, the term _evaluation_ is either used to refer to the process of determining the outcomes of therapy (Perry et al, 2003) or for evaluating effective service delivery (Atherton, 2007). It is rarely used to denote the process of evaluating an action or turn at talk, though some researchers (Panagos, Bobkoff & Scott, 1986; Panagos, 1990) have recognised the relevance for speech-language therapy practice of what Coulthard & Sinclair (1975) described as the ‘initiation-response-evaluation’, or IRE, sequence, a common pattern of interaction found in classroom interactions. In view of the paucity of literature on evaluations in SLT practice, it is useful to look to other professional domains that share a focus on speech and language, to understand some of the issues that arise when evaluations are done on ‘talk’ itself.
3.3.3 Evaluation in learning contexts

Evaluations have been found to be a significant part of classroom learning interactions (Mehan, 1979; Lerner, 1995), where they are typically produced in the third turn of a sequence that invariably involves some kind of initiating action or request by the professional in sequence-initial position, followed by a verbal or non-verbal response from the learner, after which the sequence is brought to some kind of a close with the evaluation. Frankel (1984) reported that third turns produced by teachers in such sequences were either “acknowledgement or evaluation” (1984:157). Ten Have (1990) argued, however, that Frankel’s method of assigning responses to these two categories on the basis of word type alone belies the range of different local actions that could be achieved by different word types.

There is a breadth of research around evaluation practices in second language acquisition contexts. Some examination of this research is appropriate here, given the common focus in SLA and SLT domains on learning how to produce intelligible speech or language and on learners becoming competent communicators. Table 3.2 provides a summary of how the author understands the similarities and differences between general education contexts, language teaching contexts and SLT contexts.

<table>
<thead>
<tr>
<th>Focus of learning</th>
<th>General education</th>
<th>Second language learning</th>
<th>SLT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning of content (e.g. maths, geography, etc.)</td>
<td>L2 language/speech learning</td>
<td>Improving performance on aspects of communication that have been impaired or are developing slowly</td>
<td></td>
</tr>
<tr>
<td>Competence</td>
<td>Competence assumed</td>
<td>Competence in L1 assumed</td>
<td>Aspects of competence are compromised</td>
</tr>
<tr>
<td>Environment</td>
<td>Classroom – an ‘overt’ learning environment</td>
<td>Classroom – an ‘overt’ learning environment</td>
<td>Clinic – not an overt learning environment</td>
</tr>
<tr>
<td>Facilitator</td>
<td>‘teacher’</td>
<td>‘teacher’ and ‘L2 experts’</td>
<td>‘therapist’ &amp; family/significant others</td>
</tr>
<tr>
<td>Evaluations</td>
<td>Students expect evaluation as a formal part of the learning process</td>
<td>Students expect evaluation as an important part of the learning process</td>
<td>Client expectations of SLT are unclear, due to the ‘health’ frame, where action is ‘done to’ the client</td>
</tr>
</tbody>
</table>

Table 3.2

Features of three related learning contexts
In addition to the different overall focus of learning in the three professional areas, Table 3.2 identifies four features that account for some of the relevant differences between the three domains of research and practice: (1) the degree of assumed competence of the learner, (2) the primary environments for learning, (3) who facilitates learning, and (4) the degree to which evaluation is an expected part of the learning process.

Language learners are assumed to be competent in their first language, whereas the communicative competence of the SLT client is assumed to be compromised to some extent by communication impairment. Language learners most commonly learn in a group setting, in an overt ‘teaching/learning’ environment (i.e. a classroom), which is likely to stimulate some degree of shared assumptions about what is likely to happen in a lesson or class. SLT clients, on the other hand, have their therapy sessions primarily on a 1:1 basis, often in environments with an over-lying ‘health’ signification, such as a hospital or clinic. Such environments are not generally seen as overtly orientated to learning. Rather, such institutions are generally associated with concepts like ‘treatment’ or ‘cure’, both of which carry connotations of a passive role for the recipient of services. Despite these differences, an exploration of evaluations in general education and second language research can help to refine our understanding of how evaluations contribute to ‘learning’ speech or language goals.

CA researchers interested in second language teaching, such as McHoul (1990), Lerner (1995) and MacBeth (2004), have clearly shown that analyses of general classroom interaction from a CA perspective reveal the complexity and dynamic nature of pedagogical interactions, even when these interactions appear to follow an IRE/F-style interaction. They have identified the range of ways in which errors are repaired, not simply by the use of negative evaluations of student performance, but also through embedded correction, and they have shown that both corrections and evaluations are used to scaffold the next-turn responses of learners. Seedhouse (2004) argued that evaluations are an integral part of the ‘interactional architecture’ of the second language classroom, in that “the linguistic forms and patterns of interaction which the learners produce in the L2 are potentially subject to evaluation by the teacher in some way” (2004:184). The implication of this is that language learners expect evaluations of their performance. The expectation of SLT clients regarding evaluation may not be as clear. Hand (2007) discusses the competition between ‘medical’ and ‘education’ discourses in speech-language therapy.
practice, and highlights the potential for confusion in the expectations clients bring with them into therapy contexts. The overarching health frame of SLT interactions denotes a more passive role for the client, and less clear implications of evaluation.

3.3.4 Summarising evaluation

To summarise, evaluations are those judgements of client performance/response done primarily in the third turn of a sequence by the ‘expert’ in an institutional interaction. Evaluations of talk in language learning environments are a key feature of interactions between learners and their learning facilitator. Unlike ‘first assessments’, which invite a ‘second assessment’, this thesis will show that evaluations by the institutional ‘expert’ are generally met with silence,\(^7\) and do not provide the same opportunities as assessments do for calibrating shared understanding.

3.4 Clarifying feedback

The term in the SLT literature most commonly used to denote provision of information to a client following their performance on some kind of task is feedback. The term feedback originally came into use in the fields of mechanical and electrical engineering at the beginning of the 20\(^{th}\) century, where it had a limited ‘technical sense’ of information fed back into the system that promoted the on-going functioning of the system (Levine, 1975). Ramaprasad (1983) defined feedback as “information about the gap between the actual level and the reference level of a system parameter” (1983:4) that is used in some way to reduce or alter this gap. This definition emphasises the importance of translating the information concerning any gap into some kind of action.

The term, and related concept, was incorporated into research on behaviour in the 1960s. As Goetz (2011) noted, the feedback loop can be a “profoundly effective tool for changing behaviour” (2011:1). His definition of feedback, from a social science perspective, involves four distinct stages: (1) some measurement of behaviour is (2) fed back to the individual in a manner that is meaningful to the individual, and this information (3) provides some direction for how the individual can re-calibrate his or her own behaviour and (4) move closer to a stated goal (2011:126). The concept of feedback provides a link to the behaviourist research paradigm (Ormrod, 2012) popular in psychology and education.

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\(^7\) For detailed discussions of the significance of silence in interaction, see Jaworski (1993, 2000, 2006).
as a framework for understanding behaviour and learning. The role of instrumental and operant conditioning on shaping behaviour, especially of children, remains strong in speech-language therapy practice, despite the increased popularity of social constructivist models in education research and practice, and of cognitive processing models of learning in rehabilitation research and practice (Nickels, 2002a, 2002b).

The ubiquitous use of the term *feedback* in SLT research and practice belies the very different actions that can be encompassed by it. Some SLTs use the term narrowly to denote the provision of tangible visual or auditory stimuli that distort perception of talk in real time, such as delayed auditory feedback used in voice and stuttering therapy (Ramig & Dodge, 2009). A much broader meaning of *feedback* is found on the ‘Talking Matters’ website (2014), in the description of what parents might expect from an assessment session. In that description, the term refers to the SLT telling the parents something about what the test revealed:

Parents usually stay in the room for both types of assessment and see for themselves how their child managed the activities. At the end of the session, the speech pathologist typically can provide some feedback to families about how they feel the child went even though formal tests often need to be scored after the session. (Talking Matters, 2014)

Bunning (2005) uses the categories described by Horton (2000) in her *Textbook on theories and frameworks for SLT intervention*, and defines five types of activities that come under the term *feedback*:

1. ‘checking contributions’ reflect the client’s response;
2. ‘differential feedback’ relates to the quality of the client’s response;
3. ‘evaluative feedback’ relates to demands of a selected aspect of therapy;
4. ‘summative feedback’ provides an opportunity to summarise critical aspects of the content, process and context of therapy so that a therapeutic goal may be advanced;
5. ‘acknowledging contributions’ are meant to display sensitivity to the contribution or effort made in attempting a task (Bunning, 2005:273-276)
Bunning’s delineation of the different types of feedback provides a useful insight into the range of evaluative actions that can be done by ‘feedback’. There is some danger, however, in ascribing specific labels to actions in an a priori manner, as CA research has shown that a recipient’s understanding of an interaction partner’s action can be displayed through vocal and non-vocal means as the action unfolds, and this may shape the nature and type of action ultimately produced (Goodwin, 1980). Understanding any local accomplishment of evaluation requires a focus on the sequential location of evaluation and the sequential implications for ongoing talk that accompany the production of an evaluation.

The conflation of so many possible actions in one term suggests that SLTs do not routinely attend to the different types of actions that they might be doing when they provide ‘feedback’.

3.5 Evaluation in SLT practice is poorly mapped territory

Despite the ubiquitous use of the term feedback in SLT theory and practice, the term is not sufficiently well defined for either the linguistic or social practice of evaluating actual performance on SLT tasks. Because of this lack of clarity, the term will not be used in analysis of data in this thesis, though some connections between the terms feedback, evaluation and assessment will be made in the final chapter. The terms assessment and evaluation, however, are both relevant to understanding SLT practice.

Assessment (Goodwin & Goodwin, 1992; Pomerantz, 1984) is the term best suited to refer to those representations of an individual’s experience of the world in situations more closely approximating ‘everyday’ talk, or in situations where an ‘everyday’ frame is foregrounded by any of the participants within the overarching institutional context. In these situations, assessments are not related to the institutionality of the interaction; they are not constrained in terms of who can produce them, what they can be produced about, where they occur in the sequential flow of talk and how they are responded to. Thus, in this thesis, the term assessment will be used for those signals, segments and actions that occur in talk construed by the participants as relating to an ‘everyday’ rather than an ‘institutional’ frame. Following Drew & Heritage (1992) and Heritage (2004), the term evaluation will be used to denote those signals, segments and actions that occur in line with some kind of institutionally relevant goal. The analysis of where and how evaluations are produced following some action of the client will be the central focus of this thesis.
3.6 How terminology will be used in this thesis

As the preceding discussion has shown, evaluation is an important and integral part of learning environments, such as SLT therapy sessions. The lack of detailed exploration of how evaluations shape learning in SLT contexts is compounded by the confusing array of terms that might be relevant to describe the various phenomena that occur in SLT interactions. The lack of attention in SLT research and practice to the terminology used to describe evaluations of client performance, and to the actions being done through these evaluations, represents a source of tension surrounding the accomplishment of evaluation in the therapeutic process.

Some of these tensions arise because the ways in which evaluations are produced can be ambiguous. As I will show in the following chapters, therapists frequently use similar sets of words and phrases to achieve very different actions in different interaction contexts. This leads to confusion around what each instance of evaluation actually means. Some of the tensions that arise from the way evaluations are produced are much more complex, however. One source of tension is the poorly defined relationship between evaluation and learning in SLT practice. Most theoretical descriptions of SLT practice do not explore theories of learning that are relevant to intervention. The potential for evaluations to have a negative impact on the ‘face’ of a client (Brown & Levinson, 1987) relates to the centrality of communicative competence to our notions of human ‘self-hood’ (Gerhardt, 2001:50-53) and may be compounded through the lack of ‘choice’ that many clients have/feel they have about seeing a SLT. Many clients do not actually choose to participate in speech therapy sessions; they do so because they have been referred for therapy by someone like a medical specialist or teacher.

The evaluation of client performance is a complex activity. The therapist must tailor the evaluation to the performance, as the performance unfolds, aligning each evaluation with some existing goal whilst also supporting the client’s sense of competence. Evaluation of client performance on therapy tasks is therefore what Candlin (1987) refers to as a ‘critical site’ for exploring client-therapist interactions, where there is likely to be heightened mutual orientation, where the roles of ‘client’ and ‘therapist’ are likely to be quite clearly defined, and where potential tensions between client perspectives and therapist perspectives on the progress of therapy are likely to be seen most clearly. It is important to clarify how therapy tasks, the primary environment for the production of evaluations, are
co-constructed by the therapist and client, and how these tasks are situated within the individual therapy session as well as within the broader therapeutic project as a whole. The data chapters that follow will examine where exactly evaluations occur within therapy sessions.
Chapter 4: First-Turn Evaluations

4.1 Introduction

This chapter is the first of four data chapters that present a systematic analysis of the ways SLTs and clients evaluate the client’s performance on tasks. The sequential location of evaluations of individual client performances reflect the institutional roles of therapist and client, in that SLTs control the timing and nature of activities undertaken in therapy sessions. SLTs produce evaluation in both first and third turns of sequences related to the completion of therapy tasks, while clients produce evaluation in second turns, following invitations to do so by the SLT. This first data chapter will focus on evaluations that are produced in the first turn of a sequence of talk. As Heritage and Atkinson indicate “when a speaker initiates a new topic or direction for talk this is disjoined from what precedes it, the speaker exhibits an analysis that ‘then and there’ is an appropriate place for something new to be raised” (1984:10). In the analysis of institutional interactions (Drew & Heritage, 1992) such as SLT-client interactions, the power of the first turn is almost palpable. Though shaped in a myriad of ways by the prior turns at talk, the first turn offers the current speaker choices about the trajectory of talk, in particular the opportunity to continue the prior topic, to introduce a new topic or action, or to stake a claim about what is relevant to be discussed or considered (Hutchby & Wooffitt, 1998).

The first turn of any action sequence is always significant (Schegloff, 2007). First turns are designed to elicit a response of some kind. This pairing of utterances, as ‘adjacency pairs’, works to move the interaction forward (Schegloff, 2007). The action launched by the first pair part, whether it be a question, a greeting or an assessment, is responded to in a way that shows the communication partner’s understanding of the meaning and action being launched by the first turn. People design communicative actions so that they are understandable to others: understandable in terms of the syntax, semantics and the action that they project, but also understandable in relation to prior talk, or to topics and actions made relevant by prior talk (Garfinkel & Weider, 1992). First turns rarely appear out of nowhere. To be comprehensible to the interaction partner, the design of the first turn must in some way link to the knowledge that the interaction partners share. Thus, first turns are built on the presuppositions the speaker has about what the interaction partner already knows.
The relationship between the two parts of an adjacency pair is a normative one (Perakyla, 2007; Schegloff & Sacks, 1973; Schegloff, 2007) whereby the range of options for producing a relevant ‘next’ turn is circumscribed by the design of the first pair part. Thus, the way in which a first pair part is designed has significance for the range of ways in which the communication partner can respond. First turns set up a ‘conditional relevance’ (Schegloff, 2007:20) for specific kinds of responses, and deviations from this range are held to be accountable (ten Have, 1990; McHoul, 2009). However, the action of the first turn is not simply limited to the structuring of the next speaker’s turn; it can also, in its own right, foreshadow the accomplishment of some future action, with ‘actions’ being recognisable from both vernacular points of view as well as from an understanding of institutional purposes (Perakyla, 2007). The range of actions that can be launched through a first turn of a sequence is not infinite, yet it is not possible to delineate the precise number of actions that first turns can achieve, in part because first turns can package more than one action at a time. Common types of actions launched through first turns include greetings, instructions, requests for information, comments, and evaluations or assessments (Levinson, 1983).

Using a first turn to produce an evaluation of some entity is to claim ownership of knowledge about that entity and the right to speak about it publicly (Heritage & Raymond, 2005). Using a first turn to evaluate something about your interaction partner, as SLTs do when they evaluate something to do with a client, is to claim primacy of knowledge about an aspect of another person. Evaluation sequences are therefore places where issues of epistemic authority are highlighted and, given that “the management of information preserves is inexorably relevant in social interaction” (Heritage & Raymond, 2005:34), evaluation sequences are places where there is likely to be heightened mutual orientation.

SLTs produce first-turn evaluations in three different environments in the data: in ‘social’ sequences at the start of sessions; during the completion of therapy tasks; and as part of closing down sequences at the end of a therapy session. In the remainder of this chapter, I will present some of the key features (4.2) of first-turn evaluations (hereafter FTEs), and then provide a more detailed analysis of the ways in which FTEs are produced in different phases of a therapy sessions (4.3), in the closing sequences of therapy sessions (4.4), and in more social sequences of sessions (4.5) as well as the rare example of a client producing a FTE of his own performance (4.6).
4.2 Features of first-turn evaluations of performance

First-turn evaluations are predominantly the preserve of the SLT; there was only one example of a client initiating a FTE on his own performance in my data set of a total of 21 FTEs associated with therapy tasks. Given that clients are routinely given activities to work on between therapy sessions, the actual therapy session is an opportunity for clients to show what improvements they have made since the previous session. It was anticipated, therefore, that SLT evaluations of client progress would be a significant feature of therapy sessions. The limited number of occasions where FTEs were produced was somewhat surprising, though the location of FTEs towards the end of a task activity, or at the end of the entire session, was less surprising, given the closure-implicative nature of evaluations (Schegloff, 2007). All of the FTEs of client performance produced during or at the end of individual tasks occurred in sessions with adults; FTEs in sessions with children only occurred at the end of a session.

To highlight some of the ways in which the evaluations are produced, I will now present a selection of seven FTEs. In each of the excerpts below, the FTEs are highlighted in grey.

Excerpt 4.1: you’ve really improved

109 C bikes
110 → T yep. Ne::d? (0.2) very good. you’ve really improved.
111 C ↑oh, that’s good.
112 → T you’ve improved a lot. You’re reading these words. You’re
113 → selecting=you’re not guessing them, it’s really very good.

Excerpt 4.2: great work today

2 → T you’ve got to scratch it a ↑bit, (.) it says grea::t, (0.4)
3 → grea::t (0.4) because you did great work today with those cards
4 → Harry. well done (0.4) "a:nd" (.) it’s ↑school ↑holi↑days
5 ↑next ↑week ↑isn’t ↑it?(0.8)↑oh(.↑I’ll have to see you at
6 your house.=that’ll be fun!.

Excerpt 4.3: blew my mind

276 C then(0.2) whe- ah then I seen this irr’sistible girl who
276 → ab’sltly- absolutely (.)|blew my mind.
277 T ↓very good
278 (0.2)
279→ T that was good(.) howya stop’d there’n went ba:ck ‘n corrected
280 yourself.
281 C nyeah. ah she blew my mind and then one day I- I-and then I
Excerpt 4.4: loud and louder
211 C AFFECT THE WAY w- (. ) and EFFECTIVE WEIGHT LOSS
212 T WELL do::ne.= [good] one.
213 C [I :-]
214→ T s- so you had loud::d and then you had loude::r
215 C yea::h I c- (okay) (0.4) I think I u::m (0.4) .tch

Excerpt 4.5: I was a bit shaky
307 C mm:: on some (. ) I was a bit (. ) shaky.
308 T >and on some< you went back and corrected yourself.
309 C nyea::[:h(. ) see- ] yeah
310 T [That w’s good]
311 T okay, so starting from the first one.
312 (0.2)
313 ∴ T so you’r- you’re more aware, (. ) you are starting to pick u::p
314 ∴ (. ) when you’re not saying things properly (. ) and going back
315 ∴ to correct yourself
316 C yeah

Excerpt 4.6: all those things are really good
86 T good. (0.2) Ned,(.) just have a break for a second.
87 (1.8)
89 T have I worn you out?
90 C no::
91 → T t’da::y, when you’re picking out- your readin’:: (. ) getting-
92 → >you’ve got a bit zonked< (. ) if I- if we do too much, but y’
93 → re:ally good.(0.4)reading’s gettin really good.= hh you’re not
94 → mixing up numbers now(. )>you’re doing really well with those<
95 → (. ) and you’re able to write the ones that I read out.= S’all
96 → those things are really good.

Excerpt 4.7: you probably don’t feel like this
1 T Ned? (. ) >you probably don’t feel like this- listening a
2 lot more to me)< (. ) but (0.4) you’re- (. ) you’re just
3 generally understanding an’ following(. )a::nd (0.2)
4 concentrating rea:ally well.= when you get tired, (. )
5 generally it all sort of drops off.
6 C Yeah

One common feature of FTEs is that they directly reference the client, through the use of the
pronoun you. Thus, the focus of FTEs is the client, not the task as it is in third-turn
evaluations such as “That’s good”. Third-turn evaluations will be discussed in the next
chapter. The following list highlights the various forms of personal pronouns used to reference the client directly, in the above excerpts.

Excerpt 4.1: ‘you’ve really improved; you’ve improved a lot; you’re reading
Excerpt 4.2: ‘you did great work today
Excerpt 4.3: ‘how’ya stopped there
Excerpt 4.4: ‘you had loud, and then you had louder
Excerpt 4.5: you’re more aware; you are starting to pick up
Excerpt 4.6: your reading’s getting … really good; you’re doing really well

A second feature of FTEs is that they reference particular positive aspects of client performance on tasks, or what it is about the client’s performance that was noteworthy. In excerpt 4.2, the reference is to the child’s performance overall, but all other excerpts provide some detail that is specific to the tasks completed. In excerpt 4.1, the FTE references the fact that the client is “reading”, “selecting” and “not guessing”; in excerpt 4.3, the FTE references how the client “went back and corrected”; in excerpt 4.4, the FTE references the client’s ability to increase the volume of reading; in excerpt 4.5, the FTE focuses on the client’s awareness of errors and ability to self-correct; in excerpt 4.6, the FTE references the client’s ability to read words and also to write numbers; and in excerpt 4.7, the FTE references the client’s understanding and concentration.

Thirdly, many of the FTEs (excerpts 4.1, 4.5, 4.6, 4.7) are produced over multi-unit turns (Sacks, Schegloff & Jefferson, 1974). Schegloff (1996) noted that ‘turn-constructional units’ are potentially complete turns: “By ‘turn-constructional unit,’ it may be recalled, we meant to register that these units can constitute possibly complete turns; on their possible completion, transition to a next speaker becomes relevant (although not necessarily accomplished)” (1996:55). Selting (2000) identifies multi-turn units as an interactional strategy ‘designed to effect the emergent and incremental intra-turn organisation of activities’ (2000:490), including the chunking of information. The use of ‘three-part list’ constructions (Jefferson, 1990:60), in particular, ensures the SLT an extended turn at talk in excerpts 4.1, 4.5, 4.6 and 4.7. These are a resource for emphasising a point, while also enabling the listener to project the end of the turn (Heritage & Greatbatch, 1991). Thus, client responses are not projected until the end of the whole unit.

While FTEs occur in a sequence-initiating position, where they ostensibly project furthertalk about performance, they almost never get a second assessment from clients. When faced
with a FTE, clients either produce no response (excerpts 4.2, 4.6), a minimal response (e.g. excerpts 4.3 and 4.5 – “nyeah”; excerpts 4.4 and 4.7), or an ambiguous response (e.g. excerpt 4.1 – “oh that’s good”; this excerpt will be examined in more detail in the next section). There are short silences in excerpts 4.5 and 4.6, where the client could take a turn; however, in both instances, the client waits for the SLT to provide further detail. Even without video\(^8\) data to clarify patterns of non-verbal responses to FTEs, there are features of FTEs that indicate that these turns are not well designed for mobilising responses (Stivers & Rossano, 2010), for the clients to present their own perspective on their performance. SLTs do not use turn-initial prefaces like “I think…”, or “I believe…”, which could open the discussion up for hearing what the client ‘thought’ or ‘believed’. They do not overtly request acknowledgement or agreement, through the use of WH-interrogatives such as “What do you think?”, through the use of tag elements like “Don’t you think?” or the minimalist ‘invariant tag’ “(xxx), eh?” (Colombus, 2009). In producing FTEs with few if any mobilising features, the SLTs are not designing these turns for a response.

Another feature of FTEs is that they can disrupt the progressivity (Lerner, 1987) of the task at hand. FTEs can be marked as being separate from the preceding action and talk through the use of address terms (as in excerpts 4.1, 4.2, 4.6, 4.7), time references (4.2 – “today”; 4.3 – “there”; 4.5 – “first one”; 4.6 – “today”) or discourse markers (4.4 and 4.5 – “so”). The use of address terms in turn-initial position can signal different kinds of interactional practices: it is a means of building rapport and trust (Ivey, 2009), of managing the organisation of the interaction (Rendle-Short, 2007), of softening what might be challenging to the interaction partner (Ivey, 2009), of foreshadowing some shift in topic or action (Clayman, 2010), and of making salient the independence of the subsequent talk from that surrounding it in relation to sequence, perspective or importance (Butler et al, 2011). The interaction management and topic foreshadowing roles of address terms are also seen in the use of discourse markers preceding FTEs. According to Schiffrin (1987), discourse markers are “sequentially dependent elements which bracket units of talk” (1987:31). They can perform various functions, including signalling changes in interactional ‘business’ (Bolden, 2008) or signalling the ways in which an upcoming utterance can be heard in a broader context of talk (Lenk, 1998). While there was only one use of a time reference (“Today”) as a preface to a

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\(^8\) Analysis of possible non-verbal responses was not possible owing to the audio-only recording of sessions, but it is possible to say that, in their subsequent talk, SLTs do not overtly orientate to any non-verbal responses.
FTE, this works to foreshadow a shift from the previous task to a discussion of performance across all tasks. The use of address terms, discourse markers and time references, ahead of a positive evaluation of client performance, marks evaluation as something that requires delicate management.

The action of FTEs is multi-layered. At one level, they work to affirm the positive nature of client performance and the client’s positive ‘face’ (Brown & Levinson, 1987). Positive FTEs can be designed in ways (e.g. use of three-part lists) that provide for a strong argument about progress (Hutchby & Wooffitt, 1998). FTEs link performance on local tasks, being completed on a particular day, to performance over time. This is reflected in the presence of terms relating to what the client is now doing, such as “improved” (excerpt 4.1), “more aware” (excerpt 4.5), “starting to pick up” (excerpt 4.5), as well as reference to what the client is now not doing, that presumably they had been doing previously (“not mixing”, “not guessing”, excerpt 4.1). Thus, FTEs are sites for the clarification of ‘progress’ in therapy over time. Making progress with speech and language therapy involves a complex interplay of factors – sensorimotor, cognitive, psycho-social and linguistic. It is not surprising, then, that FTEs frequently involve identification of various elements of performance that the SLT sees as signs of progress. In pointing out the fine detail of ‘progress’, the SLT is adding to the client’s overall understanding of what making progress entails. The SLT’s perspective on performance is shaped by an awareness of how local performances, on specific tasks, relate to performances on other days, and thus to progress. FTEs mark one aspect of the SLT’s institutional role as being the ‘expert’, someone who is able to distinguish changes in performance that may not be clear to the client. Thus, by highlighting the complex range of parameters that are relevant to ‘progress’, FTEs also frame therapy tasks as more than just ‘simple’ tasks.

In summary, FTEs are both structurally and socially intricate actions to undertake. Structurally, they may need to be highlighted as separate to the triadic sequences of talk and action that are involved in completing tasks. To launch a FTE, the SLT must mark the transition into a different kind of talk, for example through the use of address terms and discourse markers. FTEs can also involve multi-unit turns that clarify which aspects of a client’s performance are improving. Socially, FTEs receive limited client responses, and where clients could potentially launch a response, they wait for the SLT to provide more detail. As such, FTEs mark evaluations of progress as part of the SLT’s epistemic territory.
of knowledge. Through strategies such as multi-part lists, SLTs affirm the various dimensions of ‘progress’ that can be made visible to the client through talk.

4.3 Detailed analysis of FTEs produced during task activities

This section will provide a more detailed analysis of four FTEs, chosen because they highlight particular features of the construction and local sequential relevance of evaluations in first-turn position. The first extract occurs during the completion of the first task of the session, where the client, who has aphasia following a stroke, has been underlining words that connect semantically to the given category term, from a list given to him by the SLT.

Excerpt 4.8: you’ve improved so much

154 T there’s one more here.=this one here. (.). c(h)ake.
155 (0.4)
156 T “y’were just about to put a line under that one.
157 (1.1)
158 C which one?
159 T this one here. (.). ca:ke. it’s a type of food, as
160 [well.]
161 C [o:h,] (take)
162 T yea:p. (.). c(h)a:ke. something we eat.
163 (0.7)
164 T yep, so we can put a line under there.
165 (0.5)
166 T thanks Ned. (.). beautiful. HH number three. >what’s
167 C that one?<
168 (2.0) {tape clicks on}
169 C (xx)
170 T what else’ve we got, (.). elephant. I think there’s one
171 (0.2) one more there.(0.9) “for elephant, there’s one
172 more.°
173 (2.0) {tape clicks on}°
174 →T you have improved so:: much, Ned.
175 C y’think?
176 T YE::AH, (.). fant:astic. (0.4) Transport.

In this extract, we see a number of the features of FTEs described in the previous section. The FTE is a positive evaluation with direct reference to the client and not to the task, which disrupts the progressivity of the task related activity for a short while. It occurs following a

°The device used to record this interaction was switched to ‘voice activation’, thus it is difficult to determine the precise length of the silence.
silence (of indeterminate length, owing to the use of voice activation on the tape recorder) during which the client is completing the underlining of semantically related words. The positive evaluation (line 174: “You have improved so much, Ned.”) indexes the client’s progress, rather than his performance on the immediately prior task. The elongation of the intensifying adverb so (Kuha, 2005) heightens the emphasis on how much the SLT believes the client has improved. Through the use of a turn-final address term, the SLT highlights her desire for the client to take note of the evaluation, and thus emphasises the personal aspects of commenting on his progress. Lerner (2003) noted that address terms, such as the use of the client’s name following the evaluation above, are “used primarily under specific circumstances in which they are deployed to do more than simply specify whom the speaker is addressing” (2003:184). Clayman (2010) noted that address terms can signal talk that has “heightened relevance or importance” (2010:173) and that turn-final address terms often indicate that opinions stated in the prior turn elements are “offered as genuine, sincere, or ‘from the heart’” (2010:173). Butler et al (2011), in their work on telephone counselling services, identify that address terms are used “at precisely the moments where that rapport and trust are potentially under threat” (2011:356). In the excerpt above, there is a potential threat to the rapport and trust between SLT and client, as the SLT’s positive evaluation of progress comes just after indications of uncertainty by the client (line 158: “which one?”) and multiple forms of cueing by the SLT (lines 154, 156, 159 and 170). In such an environment, a positive evaluation of progress is potentially ‘vulnerable’ (Clayman 2012:1864). Thus, the use of a turn-final address term highlights the relational implications of making a positive claim about the client’s progress at a point in the task where he has experienced some difficulty.

The client’s elliptical response to the FTE (line 175: “y’think?”) is an interrogative that functions as a clarification request. The design of this turn indicates that the client has heard the SLT’s prior utterance and acknowledges it in some way, so the origin of the need for clarification does not rest in any mis-hearing of the prior turn. The use of the term think directs attention to the prior turn being about what the SLT thinks about his progress, and suggests the client’s turn is a “reaction to something unexpected” (Cosaro, 1977:190) in the SLT’s turn. Thus, this turn can also be read as amarking new information to the client. The SLT addresses the client’s uncertainty about her initial FTE by producing an unequivocal confirmation in her next turn (line 176: “Ye:1AH,(.) fantastic.”), which includes a high grade assessment (HGA).
Antaki (2000) argued that one function of HGAs is to signal “the completion of an interactional unit” (2000:259) rather than a comment on the content of the prior turn. Antaki (2003) noted that such evaluative terms mark the boundary between two interactional episodes. Here, the word *fantastic* marks the boundary between the evaluative talk initiated by the SLT and the return to the therapy task. In a similar pattern, at lines 166-167 (*thanks Ned. (.) beautiful. .HH number three. >what’s that one?*), the SLT marks the boundary between thanking the client for completing a task appropriately and the transition to the next task with the HGA *beautiful*. These transitions are under the SLT’s control, and authorise “the categorical identities in play in the interaction” (Antaki, 2003:20), namely the SLT’s status as professional with the authority to assess the successful completion of a comment-response exchange. In producing a high-grade assessment after her confirmatory “YEAH” (line 176), the SLT closes down this evaluation sequence, and returns to the next task without elaborating on the reasons why she made the positive evaluation. Instead, she does exactly what the HGA foreshadows: she moves the talk away from evaluation and onto the word *transport*, the next semantic term the client will match words to.

In excerpt 4.9, we again see a positive FTE, produced over a number of turns, that provides an elaborated description of the nature of the client’s progress. This detailed positive evaluation receives an equivocal response from the client. The nature of the client’s response, and the potential reasons for the client’s equivocation, highlight another feature of first-turn evaluations, namely that they occur in environments where the client has experienced some difficulty with the tasks at hand.

**Excerpt 4.9 (expanded version of excerpt 4.1)**

<table>
<thead>
<tr>
<th>Line</th>
<th>SLT</th>
<th>Client</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>106</td>
<td>T</td>
<td>good.</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td></td>
<td>(0.2)</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>T</td>
<td>yep. sports.</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>C</td>
<td>bikes</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>T</td>
<td>yep. Ne::d? (0.2) very good. you’ve really improved.</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>C</td>
<td>↑oh, that’s good.</td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>T</td>
<td>you’ve improved a lot. you’re reading these words. you’re selecting=you’re not guessing them, it’s really very good.</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>C</td>
<td>we::ll, you’re saying it.</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td></td>
<td>(0.2)</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>→T</td>
<td>well(0.3)&gt;I hope you can feel it. excellent.</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td></td>
<td>okay. now I’m going to- (.) to pick out some numbers.</td>
<td></td>
</tr>
<tr>
<td>117</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Following her receipt (line 110: “Yep”) of his prior work on the task at hand, the SLT makes a point of stopping the activity in progress (line 108), through addressing the client by name (“Ned?”). The use of the client’s name is a pre-sequence (Schegloff, 2007), a stand-alone preliminary summons to divert the client’s attention from the task at hand to the SLT. Such pre-sequences can also be devices for indicating that what is to come might be ‘problematic’ (Schegloff, 2007:49). Following a short silence, to allow the client to shift his attention away from the reading/matching task, and potentially to give some non-verbal ‘go-ahead’, the SLT continues with an elliptical TCU, giving a generic positive evaluation, “very good” (line 112), which is indexically ambiguous. Given that ellipsis is a major cohesive device in spoken interaction (Halliday & Hasan, 1976), it seems plausible that this very good relates back to the client’s performance on the prior task. Thus, the first turn directed to Ned is a sequence-closing evaluation (these will be discussed further in the next chapter).

The next TCU (line 112: “you’ve really improved”) shifts the attention away from the client’s performance on previous tasks, to his ability in a more global sense. The contrasting use of you and elliptical it/that, used in the prior turn, draws attention to a potential dichotomy, namely that external performances on tasks (it/that) can in some way be seen as different to the ‘internal’ improvement in the client’s cognitive/linguistic competence. The use of the personal pronoun you marks the client as the recipient (Goodwin, 1986) of the evaluation, and signals a shift from a participation framework (Goffman, 1981) where the client completed activities and the SLT receipted his performance in some way, to a framework where the SLT is evaluating and the client responding to this evaluation in some way. The use of the adverb really marks this assertion as something that is known by the SLT in opposition to what else might be imagined to be true, perhaps by the client himself, on the basis of the difficulties he previously experienced. The FTE used in this example is not an ordinary first part of an adjacency pair; rather, it is structured more like a ‘telling’, which Schegloff (2007) noted can often be delivered as a ‘single, compact assertion’ (2007:43). In evaluating the client directly, the SLT is doing something akin to a compliment – praising something about an individual. As Pomerantz (1978) noted, compliments involve a conflict in preferences, where the general rule about preference for agreement comes into conflict with a preference against self-praise. One pattern of response to a compliment is to downgrade or minimise it in some way, without necessarily negating the compliment outright (Pomerantz, 1978). Responses to compliments (Pomerantz, 1978)
present challenges for the client in that the preference for dispreferred or mitigated responses to compliments conflicts with the general preference for agreement (Schegloff, 2007:58).

The FTE is receipted with surprise by the client, indicating that the SLT is telling him something that is ‘news’ to him, albeit positive news. The client’s response (line 111: “†oh, that’s good.”) is marked, in terms of both structure and action. It aligns positively with the SLT’s evaluation, beginning with a change-of-state token oh (Heritage, 1984). There are numerous ways to interpret the potential meaning of this oh. In his discussion of oh-prefaced responses to assessments, Heritage (2002) identifies that oh can be a resource through which the speaker displays surprise or claims epistemic independence (2002:201). In this instance, the client does not go on to produce an independent assessment of his own, nor does he counter the SLT’s evaluation with a claim to independently ‘know’ about his own performance. Here, the oh expresses a sense of surprise at being evaluated directly, on the record. In responding to a positive evaluation of progress with surprise, the client signals that he may not share the same opinion as the SLT about his own progress. His follow-up assessment, “That’s good”, references the prior opinion of the SLT, indicating an acknowledgement of her evaluation, though not necessarily agreeing with her evaluation that he has actually improved. Clark et al (2003) note that basic types of agreement, such as “That’s good”, can be understood as only nominal agreements that do not show or prove agreement through some form of second assessment. As such, the client’s “that’s good” is readable as what Goffman (1981:10) calls a ‘working acceptance’ rather than a real one.

The evidence, for this reading of the client’s “oh that’s good” as surprise combined with working acceptance of the evaluation, comes in the next turn by the SLT, where she upgrades her initial comment about him having “really improved” to “you’ve improved a lot”, with emphasis on the last word (lo::t). She then provides evidence to substantiate her claim that he has improved, in the form of a 3-part list (lines 112-113: “reading these words; you’re selecting, you’re not guessing them”). She closes down this extended evaluation sequence with a latched reiteration of her earlier comments – recycling and blending elements of the two comments from line 110 (“very good” “you’ve really improved”) in her final comment “it’s really very good” (lines 111-112). Here again, we get a contrast between what the SLT is indexing through the use of pronouns. The you in line 110 and the you’re in line 112-113 index the client as a person, in a more holistic way, while the pronoun it (line 113) returns the focus to the
client’s overall performance. In using this pronoun at the end of the evaluation sequence, the SLT is defining his progress as something tangible, something that has elements that can be labelled and identified. In the face of this clearly elucidated positive evaluation of his overall improvement, how then are we to understand C’s response in line 112 – “well, you’re saying it!”?

There are various ways to gloss this statement (i.e. ‘You are saying it, but I’m not going to’; ‘You say it but I don’t agree’; ‘You’re the expert, so if you say so, it must be so’), all of which give a sense of the client being undecided about the SLT’s positive evaluation of his improvement. The turn-initial well is a poly-functional discourse marker (Schiffrin, 1987), which can work as a delaying device, as an indicator of insufficiency in the prior utterance or as a way of mitigating a possible face threat (Jucker, 1993). In their description of the role of well-prefaced responses to WH-questions, Scheglof & Lerner (2009) describe the ways in which well-prefaced turns alert the speaker’s interaction partner that talk to follow “will be in some respect not straightforward, and that it should therefore not be parsed as such, but rather requires attention to the way(s) in which it is not straightforward to allow a proper understanding” (2009:101). The client’s response is not straightforward: it is neither an acceptance of the evaluation/compliment, nor an overt disagreement. With his reference to you, the client is orientating to the SLT’s institutional role of doing evaluations. He is also mitigating the possible face threat that would be involved in disagreeing with his therapist by producing an alternative evaluation.

The SLT’s response (line 116: “well(0.3)>I hope you can feel it. excellent!”) also involves a well-preface, and it provides a ‘next-turn proof’ that she has interpreted the client’s response in line 114 as ‘less than positive’. In this instance, her use of well indicates some insufficiency in the client’s response, and the nature of that insufficiency is captured by the phrase “I hope you’re feeling it”, which indexes the client’s ability to have some sense (a tangible ‘feeling’) of his own progress. The SLT does not pursue an agreement, nor does she attempt to clarify what the client might have meant by his less than positive response, or even to attempt to calibrate the benchmarks each is using to measure progress. Instead, she immediately follows her comment about him feeling the improvement with a further evaluative term (line 116: “excellent”). This is another example a ‘high grade assessment’ (Antaki, 2002) signalling the resumption of a potential closing that has been suspended. The three-part list in lines 112-3 functions as a summary and as such was
closure implicative (Jefferson, 1990). Thus, the HGA in line 116 marks the resumption of closing implicated previously by the production of the list. The closure of this evaluation sequence is signalled even more clearly by the subsequent discourse marker okay (line 117), which Schegloff (2007:120) notes may serve as a possible closure even after a dis-preferred response. Beach (1993) described okay as a “partial solution to ongoing interactional problems” and as a pivotal device for managing transitions “where what is ‘at stake’ involves movements from prior to next positioned matter(s)” (1993:325). Having acknowledged the client’s lack of affiliation or agreement with her FTE, the SLT brings this sequence to a close and initiates a move to the next therapy task (line 117: “okay. now I’m going to- (.) to pick out some numbers”).

This production of a positive evaluation, followed by a mitigated and ambiguous response, foregrounds the epistemic domains (Heritage, 2012) that each participant has access to. While the client is the one doing the tasks, there may be limited energy or cognitive capacity to simultaneously engage with a meta-awareness of how well he is doing on each task element. It may be speculated that he and the SLT have different benchmarks against which improvements are measured; the therapist has a body of experience behind her, and she has observed the minute details of his performance over a number of sessions which, combined, enable her to identify small incremental aspects of performance that signal progress, while the client’s benchmark may relate more to his pre-morbid ability, to being ‘normal’ (Hersh et al, 2012b).

The challenges facing both SLT and client, when positive FTEs are produced as a kind of side-sequence (Schegloff, 2007) during task completion sequences, are also seen in excerpt 4.10. Here, an adult client is using a list of multi-syllabic words to generate a story. The client has dysarthria following a traumatic brain injury, and the focus of this session is on his ability to produce multi-syllabic words clearly. There are a number of FTEs in this sequence, and their timing, in the middle of a story telling, presents challenges for the client in terms of responding to them.

Excerpt 4.10: making chocolate mud cakes for the salvation army

275 C =seeing as though we had alot’a rain(.)in the past month.
276 (0.2) then (0.0)we- ah then I seen this irr’sistible girl
277 who ab’sltly- absolutely [(.)blew my mind
The SLT’s repeated references to the client’s ability to independently correct errors foregrounds that self-correction is a significant ‘agenda’ for the session. In this excerpt, there is evidence of the difficulty the SLT has fitting FTEs into the ongoing flow of task completion, as well as to achieving joint agreement on the validity of the evaluations.
The segment begins with the SLT receipting the client’s self-correction of the word *absolutely* (line 278: “*very good*”). This evaluative third turn is produced in overlap with the client completing his turn (line 277: “[(.)]*blew my mind*”). The short silence following this overlap is full of possibility, occurring as it does at a possible transition relevance point. Does the silence signify that the client has not heard the SLT’s evaluation, or that he is waiting to hear more? That he is considering how to respond, or simply thinking of how best to continue his story? In the absence of a hearable ‘next turn’ from the client, the SLT initiates a follow-up evaluation in line 280 (“*that was good* (.). how’ya stop’d there ‘n went ba:ck ‘n corrected yourself”), thus supplying the client with an expanded version (Isaacs & Clark, 1987:29) of the referent for her previous “*very good*”. The two-part structure of this evaluation reflects the SLT’s awareness that the first part (“*that was good*”) could potentially be heard as referencing more than one thing: his story-generation skills, his reading of the multi-syllabic words he is using to generate a story, or his ability to self-correct. By specifying self-correction, the SLT clarifies what she is referencing in her prior evaluation. This clarification component is produced as a three-part list (“*stop’d, went back, corrected yourself*”), which strengthens the SLT’s original evaluation. The timing of this evaluation of his self-correction skills, in the middle of the client’s telling of a story, makes it difficult for the client to respond. He acknowledges her evaluation with a minimal yeah before continuing with the story.

The next FTE (line 286: “*HAH.hah. Y’tell a great story Ben.*”) again occurs at a transition relevance point; the client has completed a sentence and added a new element to the story he is generating from a list of multi-syllabic words. There are two features that define the action of this evaluative turn as different from previous evaluations: the production of laughter and the use of the client’s first name at the end of the TCU. Both work to create a more intimate, social dynamic, which contrasts with the more institutional talk that surrounds it. The client produces no affiliative laughter and no acknowledgement of the compliment; he simply continues with his story.

The third FTE (line 298: “*that was good*”) occurs after the SLT has asked the client to cease the story. Having produced two previous FTEs with minimal uptake by the client, the SLT produces a sequence-closing third-turn evaluation, then calls a halt to the story in progress (line 297: “*well done. stop there*”) and in this manner she creates an environment where the subsequent evaluation (Line 298: “*that was good*”) can be heard.
on the record, rather than just occurring in passing. The referent used (*that*) indexes the client’s performance, and is followed by two further evaluative turns (lines 300 & 303) that are more clearly designed for some response by the client.

The SLT designs her turns, including evaluative elements, in ways that show she is closely monitoring the verbal and non-verbal assessment relevant actions (Goodwin, 1980) of the client, with a view to creating opportunities for alignment. In line 300, the SLT negatively evaluates the task in a TCU (“hard to put them into sentences, isn’t it?”) that ends with a tag question. The tag question not only makes a response relevant but also sets up an environment where a positive affirmation is the most relevant next response. Thus, the SLT’s negative evaluation creates an environment for potential affiliation, which may have been forthcoming in a non-verbal way, as the SLT acknowledges something in line 302 with her *yeah*. Having reached some agreement on the degree of difficulty of the task, the next FTE (line 303) downgrades her initial evaluation of his performance, from “*that was good*” (line 280), to “*hh.heh it was very good try though*”. This downgrade is prefaced with short laughter particles, which are commonly found in “environments which are in some sense delicate, tricky, dis-preferred or in some other way problematic” (Glenn & Holt, 2013:15). Downgrading a previous positive evaluation is arguably a delicate matter. This downgraded evaluation gets a minimal affirmative receipt from the client in overlap, before the evaluation is completed. The grammatical structure of the TCU in line 303 appears to have been modified mid-turn, following the client’s muted affirmative receipt (line 304: “*nyeah*”), produced with a turn-initial nasal sound, in overlap with the end of “*very*”. While the occurrence of the nasal sound might be explained by the fact that [n] and [j] have a similar place of articulation, it may also indicate that the client was initially going to produce a negative response. Evidence, for the SLT having heard the client’s overlapped turn as signalling some resistance to her positive evaluation, comes in the unfolding design of her turn. Her turn design appears to change following the production of the turn-initial [n] in *nyeah*; there is a shift from a turn designed for an adjective phrase in turn-final position, something like her previous evaluation “*it was very good*”, signalling a positive evaluation, to one that ends up with a noun phrase (“*it was very good try though*”) involving the word ‘try’ that signals something less than optimal in his performance.

Having evaluated his performance positively (line 298), but the task demands (line 300) and his performance (line 303) negatively, the SLT shifts from giving her opinions about his
performance to asking the client for his opinion (line 305: “How clear do you think you were?”), thereby breaking the potentially confrontational ‘frame’ (Goffman, 1974; 1986) that has developed. When the client evaluates himself as having been ‘a bit shaky’ on some words, the SLT immediately links a comment about positive aspects of his performance, “and on some you went back and corrected yourself”, back to the client’s previous turn, through the use of a turn-initial and. In doing so, the SLT is not simply countering his negative evaluation; through deploying the ‘increment initiator’ (Lerner, 2004:155) and, she links her positive evaluation to the client’s prior turn in a relatively unmarked manner. Her turn is thus designed to fit as a relevant extension of his. In the design of this linked turn extension, the SLT also highlights her orientation to self-correction as a significant aspect of his performance. As Drew & Heritage (1992) note, turn design involves both the selection of the action the turn is designed to perform, but also the words used to perform the action. Here, the action of the linked turn seems to be to counter-balance the fact that they have both identified less than positive aspects of his prior performance, with reference to what was good, that the client self-corrected.

The client’s response to this is equivocal. He designs his response as an affirmation of the SLT’s positive comment (line 307: “Yea:::h, see- yeah”), but produces this in such a manner as to cast some doubt on how strongly he agrees with her comment. His production of “yea:::h” is stretched, marking it as less convincing a positive affirmation than a simple yeah, and there is some evidence that he is about to clarify his response in the subsequent “see-” but he cuts this off in overlap with the SLT’s reiteration of her previous evaluation, in Line 310- “that w’s good”. Instead, he produces a repeat of his initial affirmation. Having achieved some level of agreement from the client, the SLT goes on to give a more detailed account, in the form of a three-part list (Text highlighted in bold), of how his performance reflects the positive evaluations she has given (lines 311-312: “So your- you’re more aware (. ) you are starting to pick u:::p (. ) when you’re not saying things properly (. ) and going back to correct yourself”). The turn-initial so also signals that the SLT is launching an action that pursues her agenda (Bolden, 2009:976) of reinforcing self-correction. The sequential location of this list serves a number of linked purposes: it underscores the SLT’s previous positive evaluations, through identifying aspects of his performance that he may not be attending to and it also works to close down this evaluation sequence.
In evaluating the client and his performance, the SLT repeatedly displays a positive stance towards the client’s abilities. But the client, in a range of minimal but important ways, shows that his focus is on what he has done wrong, not what was right about his performance. Through the production of FTEs, the SLT claims the epistemic rights to evaluate the client, but the client also attempts to claim the right to evaluate his own performance, and in ways that show potential to resist the SLT’s evaluations.

The SLT eventually achieves alignment on his ability to self-correct when she asks the client if he only does it in sessions with her, or when he is out with other people as well (lines 317-318). In asking a question about his performance in other situations, the SLT is overtly acknowledging his epistemic access to territories that she has no access to, while the presupposition inherent in the design of the question, namely that he can self-correct in sessions with her, means that affirming that he can evaluate in other contexts also becomes an implicit affirmation of his self-correction on prior tasks, something he has not unequivocally done to this point.

Another way to view this sequence is for the ambiguity that entails in determining whether the evaluation beginning on linr 280 is a FTE or a third. Moreover, the SLT seems to be managing both responding to the telling as a therapy object and as a telling in its own right, and her practices subsequent to the ambiguous evaluation are oriented to closing the telling in its own right, and focusing on it as a therapy object.

The production of a multi-turn positive FTE, following evidence of less than optimal performance by the client, is also seen in excerpt 4.11. Here, the client has been asked to “draw” (line 64) the number four next to the word four. The client’s questions, in lines 65, 68, 70 and 72, unambiguously show that he is not clear on what he has to do. The therapist’s sotto voce comment on line 75 (“‘y’write’n the word again.”) reveals that the client has actually written the word four instead of the number 4. Acknowledging his attempts to try and complete the task, she calls a halt to the work and indicates it is time for a break (line 76: “‘y’had a try a’t that. (. ) ‘lright, I’m going to give you a bit of a break there.”).

Excerpt 4.11: get a bit zonked

64  T  draw me a four there.
65  C  what do you want there?
one of these, (0.2) a four. => can you just do one- write one there.

C what is it?

T a four.

C four?

T yep

C of what?

T just a four, (0.3) can you pop one there.

(2.0) {tape click}

t’s write’n the word again."

(3.2)

T y’had a try that.(.) ‘lright, I’m going to give you a bit of a break there.

(0.2)

T good.

(0.2)

T Ned, (.) just have a break for a second.

(1.8)

T have I worn you out?

(0.2)

C no:::

T t’day, when you’re picking out- your readings: (.) getting- >you’ve get a bit zonked<(. if I- if we do too much, but your (0.4) reading’s getting really good.=.hh you’re not mixing up ↑numbers now,. >you’re doing really well with those< (.and you’re able to write the ones that I read out.(.)=s’all those things are really good.=.hh you got a bit weary when we were doing (. this, and I think you can- (. If I did that the first time, next time- >first thing when I arrived<, I bet you’d do it really well.=.hh you were just getting the idea of what I wanted

The client does not respond immediately to the initial suggestion (line 77-78) regarding a break, so the SLT produces a short evaluative “good.” (line 80) that receipts the finishing of the task in progress, before addressing the client directly by name (line 82). The use of an address term in turn-initial position marks the disjunctive nature of her action and the potential for the upcoming turn to be challenging in some way to what the client has been doing (Butler et al, 2011). To bring a definite halt to the activity, she reiterates the call for a break, upgrading the force of her suggestion to an imperative (line 82: “just have a
break for a second.”). In an expansion sequence, she checks his energy levels through a polar question (line 84: “have I worn you out?”). This invokes the client’s greater epistemic rights (Heritage & Raymond, 2005) to knowledge of his internal state, while also reflecting her presupposition that he might well be tired, given that the turn is designed for an affirmative response.

Having halted the progress on the task at hand, and checked on his energy levels, the SLT proceeds to review the positive aspects of his performance. She foregrounds the work done during the session, by referencing today in turn-initial position, and with a stretched vowel for emphasis. She begins by evaluating his reading as “getting really good” before stating that he is ‘a bit zonked’ and her subsequent turn indexes her own role in him becoming tired (line 88: “you’ve got a bit zonked (.) if I- if we do too much.”). The SLT replaces the I with we to highlight the collaborative nature of their work and then completes this turn by repeating her previous positive evaluation of his reading (line 89: “but your reading’s getting really good.”). In using but, which is what Lerner (2004) calls an ‘increment initiator’, at the start of the expansion of her turn (line 88), the SLT is establishing a connection between her previous comment about his energy and her positive evaluation of his reading, implying that his energy levels impact on his reading. The use of the word getting implies that his reading is not yet totally competent, but the collocation with really good implies that he is making progress with this skill. Having identified one aspect of improvement, she goes on in lines 90-91 to identify another two elements of his performance that signal improvement: “not mixing up the numbers” and “you’re able to write what I read out”. Constructing her summary of his improvements as a three-part list (Jefferson, 1990) emphasises that these aspects of performance are more than simply individual instances; they are examples of something more general (Potter, 1996). In this case the ‘something more general’ is the client’s improvement.

Emphasising improvement immediately after the client has experienced some considerable difficulty in writing a number 4, indicates that the pragmatic action of the FTE is more than just a simple ‘noticing’ or even straight ‘evaluation’; the FTE is working to counter any negative self-assessment the client might experience at not being able to complete what seems on the surface to be a fairly simple task (namely, write the number 4) independently. The connection between energy levels and progress seems to be an important one, as the
SLT returns to the issue again at the end of the session, where she repeatedly juxtaposes his energy levels and the improvements he is making.

4.3.1 Summary FTEs in task completion sequences

The analysis of these excerpts reveals the sequential and social challenges facing SLTs who attempt to do positive FTEs on tasks during the course of a therapy session. FTEs do not fit easily into the sequential environment of completing a task, requiring some disruption of the flow of the activity in order for the action of evaluation to be clearly achieved. In disrupting the progressivity of tasks, SLTs use features such as address terms and discourse markers that flag subsequent positive evaluation as something apart from the task at hand. They often produce evaluations over a number of turns, which may involve upgrades or downgrades, or inclusion of mitigating features. The sequential difficulty for clients is how they respond to turns that do not overtly mobilise a response. The social difficulty for clients is how they deal with the ‘compliment-like’ nature of positive FTEs and, indeed, to what extent they have epistemic access (Heritage, 2012) to the minute aspects of performance that SLTs refer to in their evaluations. When clients do respond, their turns can involve features of dis-preferred responses. These highlight the different perspectives that clients have to their performance on tasks.

Positive FTEs highlight the SLT’s professional role of providing evidence to clients of fine details of performance that represent improvement in performance, and linking these local achievements to the more global reality of ‘progress’. FTEs also foreground the agenda that a SLT brings to the session; across all the excerpts reviewed, there seemed to be an overwhelming emphasis on accentuating any and all positive elements of performance, even when the client is experiencing difficulty or focusing on the negative aspects of the performance. Not only do SLTs return to the same institutional focus (what has improved), they utilise various turn-design features (interrogatives, 3-part lists, well-prefacing) to convince clients of the veracity of their claims and to counter divergent client perspectives. Furthermore, some evaluative turns are designed to not mobilise a response.

Nevertheless, client responses, or the lack of them, provide some insight into how clients understand their own progress in therapy. There is evidence that clients and SLTs do not share similar perspectives on what constitutes progress. FTEs highlight the different epistemic territories that SLT and client can lay claim to. It is arguably difficult for clients to
achieve the ‘meta’-awareness of their own performance when their attention is focused on task completion, nor do they have the body of knowledge and experience that the SLT draws on in terms of identifying the details of performance that might constitute improvement. As Goodwin & Goodwin (1992) note, “despite their apparent simplicity, assessments show a view of the assessable as something perceived by an actor who both takes up a particular alignment to it and sees the assessable from a particular perspective, one that may be quite different from that of a co-participant who is simultaneously assessing the same event” (1992:165). Thus, positive FTEs launched in the midst of task activities appear to be ‘risky’ undertakings – both sequentially and in the social actions they attempt to do.

4.4 Analysis of FTEs produced in the closing phase of a session

FTE evaluations also occur in the closing sequences of therapy sessions. Much of the analytical work on how interactions are brought to a close relates to telephone conversations (Schegloff, 1972; 1979; Button, 1987) and medical interactions (West, 2006). As Button (1987) identifies, “the archetypal closing organises the termination of conversation over a section of talk rather than … in the course of one turn” (1987:102). Schegloff (2007) described the basic form of ‘sequence-closing sequence’ as involving a first turn that proposes a possible closing, through the use of assessments, summaries, or formulation of the upshot of the interaction. This is followed by a response that “collaborates, withholds or resists the move to closing” (2007:187). Only if the recipient aligns with the move to closure can there be some kind of ratification of closure. West (2006) described how doctors and their patients use many of the resources described for conventional interactional closure, including the use of assessments, in coordinating the closure of sessions. Goodwin & Goodwin (1992) also identified assessments as a resource for closing topics: “assessments are one of the characteristic activities used to exit from larger sequential units in talk” (1992:170). It is not surprising, therefore, that both recordings, which actually went until the very end of a session, involved SLTs doing evaluations in the process of closing down a therapy session. As therapy sessions generally have some predetermined time frame, there was a clear marker of the imminent end of activity in both of the sessions where FTEs occurred in the closing sequences of the session. In the first sequence, the SLT identifies that time is up; in the second, the arrival of a care worker signals that the session is about to end.

In excerpt 4.12, the client and SLT have been moving back and forth between a therapy task and a game of ‘fish’. The end of the therapy session is flagged some minutes earlier when
the SLT calls an end to the therapy tasks and suggests they finish off the fishing game. There is no evaluation at this point. Once they finish the game and pack it up, the SLT asks the client to choose a sticker before he leaves.

Excerpt 4.12: you’ve got to scratch it

501 T ↑"choose ↑one" (9.6)
502 T .hh good boy that one sa::::::ys, (.) oh
503 T you’ve got to scratch it a ↑bit, (.) it says gr↑ea:::t,
504 T (0.4)
505 T grea:t (0.4)
506 → T because you did great work today with those cards
507 T Harry. well done (0.4)
508 T (0.8)
509 → T ↑school ↑holi↑days ↑next ↑week ↑isn’t it? ()
510 T ↑↑it?( 0.4)
511 T ↑↑oh(.).↑I’ll have to see you at ↑your ↑house (0.4) ↓that’ll be fun,º
512 T (0.8)
513 → C you forgot
514 → T I FORGOT WHAT that it was school ↑holi↑days?(0.4)[I ↑did ]
515 C (yeah but,]
516 → C

The SLT links the positive term depicted on the sticker (line 504: “it says gr::EAT!”) to an evaluation of his work during the session (lines 508-9: “coz you did great work today with those cards, Harry.=well done”). She expands the initial design of her evaluation, after a possible TRP following the word today, to overtly reference the work he did with the “cards” rather than on the “fishing game”. This additional adverbial clause element clarifies the nature of the “great work” as being the work that he has completed rather than the motivational ‘fishing game’, thus removing any potential for confusion and finishing the session with a reference to the work of the session. There is no hearable response to this evaluation by the client (line 510), and the SLT moves into making arrangements, which Robinson & Heritage (2005) identify as the final action in many medical encounters.

We see, in this brief excerpt, some but not all of the features previously noted in relation to FTEs within therapy task environments. First-turn evaluations evolve into multi-turn units of evaluation. The variable use of you and it pronouns reflects the challenges of referring to the performance (“it”) as in some way different to referring to the person (“you”) in relation to
framing what the evaluation indexes. The positive evaluation is made despite the fact that the client has had significant difficulty on many tasks in the session. The overt use of an address term, *Harry*, in turn-final position (line 509) may well contribute to shoring up their working relationship; as Jefferson (2003) noted, address terms are “loci for formulating, maintaining and reformulating the status of the relationship” (2003:48). It also fits the pattern that Clayman (2012) describes for an ‘address-term-pivot’ (2012:1863) turn wherein the address term comes between two potentially complete TCUs and frames the second, expansion element as supporting a prior claim – particularly when that prior claim could be vulnerable to not being believed. Noticeably, there is a lack of the fine-grained descriptions of progress that were produced as part of FTEs within therapy sessions with adult clients. Whether this is because of the fact that there was little to comment on or because children under the age of 12 are unlikely to have the meta-cognitive awareness required for dealing with this kind of information (Bryce & Whitebread, 2012), is difficult to ascertain.

In the second closing sequence, presented as a series of extracts starting below, a number of FTEs are produced during the extended process of bringing about the closure of a therapy session. The combined effect of these repeated positive FTEs is of a SLT working hard to convince the client that her positive view of his performance, and overall progress, is valid. The first of these FTEs (in excerpt 4.13) comes towards the end of a session, about ten minutes after a care worker, Brian, arrives. His arrival signalled that the session will soon come to a close, though the SLT negotiated with him to continue therapy for a bit longer (data not shown). After the difficulties the client previously experienced writing down the number 4, the SLT, for the last few minutes of the session, reverted to a task on which the client had more success, matching words to a semantic topic word.

Excerpt 4.13

174 T: ("look") here (.) see if you can find William,
175 C: William
176 T: can you see that the:re?
177 C: ye:::s
178 T: yep "alri::ght" (.) can you write down William?
179 (5.0) <tape clicks>
180 T: (good one Ned)
181 (0.6)
182 T ("first") letter, (0.6) the double yew (1.6)
183 the rest you wrote very well (.) (in the na:ming)
184 (0.6)
185 T .hh interesting when you copied the:se, the "first
letters were the ones you make the mistake on, the
rest you get right, (0.4) >sort of< a bit like when
you’re talking too (. ) >it’s often the< first sound,
(0.6)
good (0.4) HAD ENOUGH?
(2.0)
"oka::y we’ll leave it he::(h)re°
C: kuu::h
T: good (. ) job (. ) thou:::gh (. ) goo:::d stuff
C: kuh hu:::h
(0.4)
you worked very well for the fi::rst
forty five mi::nutes (. ) even a bit (less) (0.4) "that’s
it° (. ) hey Thomas and William are my son’s na::mes
(0.6)
that’s my boys names° (. ) have you got kids Brian?

This extract begins with the SLT actively supporting the client to complete the task, through identifying where he should look, and providing the name, William, that he should look for (lines 174 and 176). As he is writing down a boy’s name – William – the SLT positively receipts the work he is doing with what sounds like “good one Ned” (line 180). Then she notes that he has made an error on the first letter of the word (line 182), and links that error to other errors he has previously made on the first sound (lines 187-188) of spoken words (as potentially he did with ‘fan’ and ‘van’ earlier). On both occasions where an error is described, the SLT produces a positive evaluation as an extension of an otherwise negative FTE. In line 182, she simply identifies the “first letter: the double yew”, then, after a significant silence, she produces a TCU (line 183: “the rest you wrote very well”). The SLT does not provide a direct reason for highlighting the w in line 182, but the subsequent TCU unit provides a syntactic and semantic link back to the w: the fact that the ‘rest’ were written well implies that the w was not. Thus, the negative evaluation of the way he wrote the w is made apparent through ellipsis. While these two TCUs are not directly linked with any conjunction, it is plausible to identify them as two halves of one turn. This positive evaluation in the turn extension has the effect of countering her identification of the error in the first, incomplete part of the turn. She reiterates a similar point in her next turn (lines 185-186), spelling out more clearly that he has made a ‘mistake’, then adding a positive evaluation as an extension of that turn (lines 186-187: “the rest you get right”). There is no response from the client to this description of errors, and no attempt by the SLT to prompt any response.
The SLT follows this commentary with a generic evaluative term *good*, then asks if he has “had enough?” (line 190). Both the evaluative term and the question signal a movement into closing, which is confirmed in her next turn (line 192: “hhh O(h) k(h) a y, w(h) e’ll leave it there”). The laughter that accompanies this turn is indicative of the SLT taking a light-hearted stance to the potential trouble of the client agreeing that he has had enough (Jefferson, 1984:350), but it also works as a mechanism for achieving some level of intimacy (Jefferson et al, 1987:160) at the end of the work phase of the session.

Having signalled the end of the session, following a description of the errors the client has made, the SLT follows this immediately with a positive FTE (line 194: “↑good (.↑st uff(.)↓though.(.) g oo::d st uff.”), produced with a marked intonation contour. The placement of the turn-final *though* effectively links back to and counter-balances the potential impact of her prior descriptions of errors. In her repetition of the words *good stuff*, with increased length of vowel on *good*, the SLT is once again sandwiching a reference to a negative aspect of performance, here indexed only minimally through *though*, between two positive evaluations. The generic *stuff* is an inclusive term and indicates that she is evaluating his performance in the session generally, rather than on the specific task. The shift, from the previous pattern of detailing elements of performance to the use of a much more generic evaluative term, signals the closing of the task phase of the session.

Even though the end of the session has been clearly marked in a range of ways in this segment of talk, the SLT returns to the issue of energy levels and improvement on three more occasions before the eventual end of the session. In the next excerpt in this closing sequence, 4.14, there is a brief discussion between the SLT and the care worker about their children, prompted by the final task the client has completed, then the SLT returns to the theme of how tired the client looks.

**Excerpt 4.14**

214 CW: ↑YEA::H (. (has been) (0.8) >a bit of< a:: (0.4) a  
215 ↑growing ↑ti::me,  
216 → T: mm:::::: (. ↑I (. you look zo:::nked, (0.4) but ↑gee:::,  
217 → (0.6) you’re doing well Ned.  
218 (0.6)  
219 → T: you’re doing stuff that you just couldn’t do be↑fo::re,  
220 (.) and it’s very goo::d (1.6) so I’m just gonna now write
The SLT comments on the client’s energy level in line 216, “you look zonked.”, with increased emphasis on you indicating a shift in focus from prior talk with the care worker and a vowel stretch on “zonked” underscoring his current level of energy. This comment is followed immediately with a positive evaluation of how well he is doing (“but gee, (0.2) yo- you’re doin’ (.). well Ned.”). The exclamation, gee, and the stress on the words “doin’ well” underscore the sincerity of this evaluation. The production of the FTE comes after some negative aspect of the client’s state of being is noted. The evaluative turn is linked both sequentially and syntactically to the prior turn: the evaluation occurs in an expansion space, and but links back syntactically to the prior turn while heralding a contrast – here between tiredness and the client’s progress. The SLT clarifies what she means by ‘doing well’ in her next turn, namely that “you’re doing stuff that you just couldn’t do before. it’s very good.” (line 219). Here again, we have the switch between the pronouns you and it – which flags a dichotomy between ‘progress’ and the client’s actions.

As the SLT writes a comment on the day’s therapy in his homework book, she notes (line 223) that another therapist has also written a comment about how tired the client is at the end of a session. In designing her subsequent comment on this information, with laughter particles and a positive statement of perspective (lines 224-225: “that’s alright though”), the SLT creates a more intimate dynamic (Jefferson, 1984) within which she affirms that tiredness is to be expected at the end of a session of hard work.
Notably, the client responds to this comment, agreeing with the SLT’s analysis, but the use of the well-preface signals that something about his turn should be read as potentially problematic (Schegloff & Lerner, 2009), as such prefaces often precede turns that signify something less than agreement (Sacks, 1984:50). The emphasis the client produces on does signals something like a defence (Atkinson & Drew, 1979) of his flagging energy levels. His comment gives an insight into how he experiences therapy, namely as tiring. By producing a response at all, which contrasts with his previous silence in the face of other SLT evaluations, the client suggests that he is more aware of this aspect than he is of his improvement, more able to comment on tiredness than on improvement.

The SLT agrees with the client’s perspective but, through the modulation of intonation part way through the agreement token yeah, she also indicates a contrasting expansion is coming, (line 229: “↑yee↓↓h. .h BU::T (. if you really practice in little bursts, (0.4) that’s good.”). The increased volume and vowel length she uses on the conjunction “BU::T” emphasises the linkage she makes between his emphatic agreement about how tired he gets doing therapy, and her suggestion for how he can manage that, namely practise in small bursts.

The final excerpt, in this series of three excerpts from the closing stage of one session, begins with the tail end of a brief conversation between the client and the care worker, about fixing the gate (lines 244-250), which started when the SLT returned to writing in the client’s homework book. The SLT manages her re-entry to the conversation (below) by addressing the client by name (line 252), in turn-initial position, signalling potential ‘difficulty’ in the subsequent talk (Butler, 2011; Clayman, 2010) and follows that with a rush-through (Walker, 2010) that indicates her sense that part of the ‘trouble’ might be whether he has the energy to take in any more information.

**Excerpt 4.15: just give me a break**

244  CW: I’ll have a look with yuh- we can see if
245                   [we can work out what’s wrong] with it
246  C: [““(that would be good)”” ]
247  CW: kuh
250  C: mm:::
251                   (10.0) <tape clicks>
252 →  T: ↑Ne::d? (0.4)>you probably don’t feel like listening a lot
253                   more to me< ↑but (0.8) ↑↑you::’re (0.6) you’re just
generally understanding and following and (.) concentrating really well (0.4) when you get tired it all sorta drops off

C: ye::h

T: BUT that's okay it just means you learn (0.4) to tell other people >just give me< a break (0.4) yeah give me a few minutes, (.) even, (.) even if you do shut your eyes and have a bit of a, (.) you know (.) five minutes (0.4) or ten minutes (0.4) hh then come (.) come back to because it's (.) it's really different (.) now

C: "yea::h"

T: when you're (.) when you're not tired you're actually able to do: (.) a lot more thi::ngs (.) so that's good, (.) it's good for you to just >sort of< get aware of your self (3.6) I'm writing encouraging Ne::d (0.4) to say (0.6) just give me a break

CW: hmph ti:me out

T: ha::: (.). cos other people won't necess- (.) it's always best if you can say it (.) yourself (0.6) hhh and look some, (0.4) you know honestly::: (.) no:::w because you're getting very goo::d (.) when you're not tire::d >if you just say< look give me a brea::k, (0.4) come back and do it later and I bet you (.) whatever you're doi::ng, (0.4) you'll be able to do it,

C: mm

T: ye::h?

(0.6)

T occasionally I'm right Ne::d

(0.6)

[not] often .hhh >ha ha ha< .hh

C: [mm,]

(5.0) <tape clicks>

CW: a:ll th= clouds gone (0.6) ku::hm disappeared again,

T: go:::d that's amazing it's quite, (0.6) sunny an-

CW: sunny [da::y]

T: [yea:h] it is (0.4) alri::ght (0.4) so:::, (0.6) >I need to< write my next session i:::n,

CW: ku::::h
Following the address term, and the ‘trouble premonitory’ (Jefferson, 1988:420) preface at line 252 (“*Ne::d? (0.4)>you probably don’t feel like listening a lot more to me*”), the SLT produces another 3-part list (Lines 253-255: “you’re just generally understanding an following (.a::nd (0.2) concentrating really well.”) to reiterate the point that she has made on numerous previous occasions, namely that he is improving. The words in this list reference specific cognitive skills, which is in contrast to the general terms she uses when she goes on to acknowledge how his performance changes when he gets tired (line 256: “when you get tired,(.) generally it all sort of drops off.”). The use of *it all* is an opaque referent, one that could refer to any of the aspects of his performance she has previously mentioned (reading, writing, understanding, concentrating, etc.), or indeed to his overall ‘performance’ more generally.

The client had an opportunity to receipt the positive evaluation in the brief silence between it and the subsequent negative evaluation, but did not do so verbally. He does, however, agree with the negative evaluation (line 257: “yea:::h”). This affirmation of the negative mobilises a turn-initial ‘sequential conjunction’ (Mazeland & Huiskes, 2001:141) from the SLT, that is both louder and stretched out (line 258: “*Bu::T (.>that’s oka::y<,”) linking to a different way to view his tiredness; not as something completely negative, but as ‘okay’, something to be expected, and something that can be managed. In syntactically linking her turn to his prior turn, the SLT is also linking her more positive perspective to the negative one he has just affirmed. She goes on to identify a range of ways by which he can manage the way he works (lines 259-262: “*give me a break*”; “*give me a few minutes*”), then uses a cause-effect conjunction *because* to link a positive evaluation of his progress to the end of this list of suggestions (line 263: “*because it’s (. it’s really different (. no::w*”). The SLT’s use of the word *different* and the turn-final time referent now, produced following a micro-silence, signal a comparison between his current performance and his performance at some previous point in time, potentially early in his rehabilitation.

The client’s subsequent affirmation (line 264: “*yea:::h?”) does not appear to mark imminent speakership (Jefferson, 1984:202) as it is produced quietly (Grivicic & Nilep, 2004). This turn could be read as an acknowledgement of either or both elements of the
SLT’s prior turn: the suggestions she has made, or her positive evaluation of his progress. The SLT continues to reiterate the link between his level of tiredness and his ability to do therapy tasks in her next utterance (lines 265-266: “when you:::’re (.) when you're not tired you're actually able to do: (.) a lot more thi::ngs (.) so that’s good,”). She finishes the turn with a so-prefaced positive evaluation, marking both the ‘upshot’ of her prior talk, and the connection to some not immediately preceding topic (Howe, 1991; Bolden, 2014), such as his ‘progress’. She gives a clearer indication of the kind of progress he has made in lines 273-277, where she extends the link between energy and successful task completion by indicating that he is now so good that, if he is rested, he could do anything he is trying to do. The client’s minimal response token (line 278: “mm”) represents only a weak agreement (Gardner, 2001:105) and potentially some resistance to actual agreement, so the SLT pursues a more substantial agreement, in her next turn (line 279: “yeah?”). This pursuit of agreement links to the location of this evaluation; without agreement on the SLT’s summary of his progress, further movement towards closing the session is not possible. When no agreement is forthcoming, the SLT asserts her epistemic status, by stating “occasionaly I’m right Ne::d” (Line281). The potential face-threatening impact of this assertion is downplayed in her next turn, where she appears to make a self-deprecatory remark (line 283: “[not] often”) that terminates in laughter. Again, the client receipts this in a minimal way and the talk moves to more general matters (the weather) before the session finishes with the SLT making arrangements (Robinson, 2001) for her next session.

The repeated juxtaposition between comments about low energy levels and positive evaluations of performance suggests a strong link between these two elements. So much so, that it gives the impression that the SLT is trying to counter any negative impression remaining in the client’s mind about his poor performance on the last activity, which the SLT suggests was because of his tiredness. It also shows that the role of the SLT is about more than simply evaluating performance on tasks per se. The SLT also attends to factors that enable the client to perform more effectively, suggesting a kind of holistic view of the client. In this instance, the client is more than simply a person struggling to re-develop semantic skills; he is also someone who needs plenty of energy (lines 255; 258-62; 274) to complete the set tasks, someone who is not always able to monitor his energy levels independently and who needs encouragement to be his own advocate (lines 259; 267; 275). The production of multiple positive evaluations in the closing sequence, both FTEs and
evaluations in turn expansion, also suggests that it is important to leave clients with a positive sense of their own abilities, as they will continue with further practice tasks between sessions.

To summarise, the SLT’s use of FTEs in the closing-down phase of therapy sessions provides a positive upshot of the key features of the session from their professional perspective. The closure-implicative nature of these ‘upshot’ evaluations helps explain why agreement with such evaluations can be pursued; without such agreement, the topic remains effectively ‘open’ and further movement to close the session is delayed. Evaluations in session-closing sequences are focused on shaping the client’s perspective, leaving the client with a positive impression regarding their performance and/or progress.

4.5 Single production of a FTE by the client

The pattern seen above, of positive evaluations by the SLT being used to counter negative self-assessments by clients, is also seen in the following example of a client evaluating his own performance in a first turn. This is the only example, in the entire data set, of a client producing a FTE about his own performance. The rarity of such evaluations says much about how difficult it is for clients to assert epistemic rights to evaluate themselves in therapy contexts. The excerpt involves the client, who has an acquired language impairment following a stroke, working through a series of word matching tasks, where he has to match examples that fit with the semantic category term provided. He negatively evaluates his ability to do the task (line 63 in excerpt 4.16), but this evaluation is immediately countered by the SLT.

Excerpt 4.16: no good at this

56 T:  ↑yea:···:h  (.) ↑fantastic (0.4) tran:spo:rt
57  (5.4) <tape clicks>  
58 T:  "I:’m so rry" (0.6) you: had the right one I ↑missed one
59  (0.6)
60 T  ↑te:n a:nd (1.4) fi:ve (0.4) ↑well do:ne (0.8) no:w  
61 transport
62  (5.0) <tape clicks on>
63 → C:  ↓not very good at this,
64 T:  no: you’r e actually managing very ↑well  (.) with ↑this  (.)
65 cos it’s (1.6) ↑not (0.6) not small print >but it’s<
certainly not really large print,

T: <trans>po::rt> (0.8) fa:n (..) tra:i:n (..) >hold on w-<

maybe not fa::n (0.4) tra::n? (1.0) rope or bus

T: ↑>which one’s a transport< (..) ↑bus? excellent

T: ↑maybe instead of fan? (..) what about that one,(0.6)

T: train:

C: (^which^)

T: ↑can you see train the:re?

Prior to the client’s negative evaluation of his own performance (line 63: “↓not very good at this”), the SLT has positively evaluated two of the activities the client has completed. She evaluates one activity (line 56: “fantastic”) with a high grade assessment (Antaki, 2004) and another activity with a more general positive phrase (line 58: “you: had the right one”), followed by a more overt evaluation (line 60: “well done”). Thus, at the point in the interaction where the client produces his negative self-evaluation (line 63: “↓not very good at this”), there appears to be nothing in his prior efforts that would warrant this evaluation, other than the time it is taking him to locate and underline words as indicated by the silences in lines 57 and 62. Though the client’s turn finishes on a continuing intonation, suggesting he had more to add, the SLT responds to his negative self-evaluation by producing a turn-initial negation (line 70: “no: you’re actually managing very well (..) with this”), which is the preferred response (Pomerantz, 1984) to self-deprecation. Tarpaley (2012) identifies that self-deprecation can be a resource used to call for reassurance. This may well be how the SLT has read the client’s negative self-evaluation, as she goes on to build a counter-position to the client’s negative stance through the use of the adverb actually (Clift, 2003: 181), which frames the client’s ability to ‘manage’ the task demands ‘very well’, as if this perspective were fact. She also creates a casual link between his experience of difficulty and the size of the print on the activity sheet, through the use of a linking conjunction because (line 70: “because it’s not– it’s not small print, but it’s certainly not really large print.”). So, any experience of ‘difficulty’ is linked to the font size, rather than to his acquired language impairment. This pair of utterances highlights the divergent perspectives that client and SLT have on the client’s
performance, with the SLT using positive evaluations to counter negative client perspectives.

When the SLT returns to the category ‘transport’ (line 68), for the third time in this sequence, it becomes apparent, from the words that she reads out, that the client has indeed made an error by underlining *fan* as a word that fits the semantic category ‘transport’. Thus, the client’s negative evaluation of his own performance may well link to the difficulty he experienced in matching words to the transport category. The phonological similarity between *fan* and *van*, the latter being a form of transport, may indicate that his difficulty relates to phonological processing of written words. Whatever the origin of his sense of difficulty, the client claims the epistemic right (Heritage, 2005) to evaluate his own performance. The SLT does not take up his negative evaluation as a topic for discussion, apart from linking it to the font size in the *Text*, even when it becomes apparent that there was a real basis for his negative evaluation, namely difficulty deciding whether the word *fan* referred to a form of transport. Thus, in this solitary example of a client evaluating his own performance, we see the SLT treating the client’s negative evaluation of his ability to do the task as if it were a request for re-assurance, which she provides, both through her positive evaluation and by linking any ‘difficulty’ he might be experiencing to something that is external to the client, viz. the font size.

### 4.6 Evaluations in social phases of therapy – contrasting patterns

While the focus of this, and future data chapters, is primarily on how evaluations are accomplished at the completion of therapy tasks, it is relevant to review the contrastive ways that evaluative actions are launched, developed and responded to in social contexts within therapy sessions. In non-task environments, evaluative actions in first turns are launched more easily, without the need to halt tasks in progress, and without the use of address terms. They address aspects of the real world that both interaction partners have epistemic access to, and thus they routinely receive responses from clients, who use their turns to ratify their own epistemic rights, and to occasionally challenge some aspects of SLT perspective. Two examples are presented below: one taken from a more ‘social’ sequence at the start of a session, and the other from an ‘administrative’ sequence, also at the start of a session.

#### 4.6.1 Assessments in social phases of session

While openings in health-related telephone calls (Emmison & Danby, 2007; Zimmerman,
1992; ten Have, 1999b) and medical interactions (Heath, 1981; ten Have, 2002) have been extensively studied, the opening of speech therapy sessions has not been systematically investigated. Merrills (2007) does identify that speech therapy sessions often commence with sequences that either have the purpose of ‘catching up’ or some other focus other than the client and the client’s communication. This is in line with the role Laver (1975) ascribes to phatic communication, namely that it allows interaction partners to “co-operate in getting the interaction comfortably underway”, particularly through talk that is “emotionally uncontroversial” (1975:221). Likewise, ten Have (2002) identifies that either participant in a medical interaction may make comments regarding non-professional matters at the beginning of a consultation. Horton (2007) described the initial period of interaction as a ‘settling down’ period involving a range of topics which together form a kind of ‘ritual of welcome’ (2007:284) which is overtly, or more subtly, under the control of the SLT.

It is in such an environment that excerpt 4.17 occurs. It shows a client responding with a second assessment (line 7) to the prior assessment by the SLT (line 5).

Excerpt 4.17: you’re looking well

1. T I can’t hear the whistle now=bit better. .hh so,
2. y’ve been okay?=been well?
3. (0.2)
4. C y:::
5. → T hmm. you’re lookin \[\text{very}\] well=
6. C \[\text{ohmm}\]
7. → C \=pretty well, yes
8. T d’you- (.) sleeping alright?
9. C o:h, \text{good}. (.)\text{Very} \text{good}.
10. T Hmm
11. → C \=so: ah (. ) yes, we’ve been (. ) pretty good.
12. (0.5)
13. T terrific. .H (.) alright. \text{WELL}, \text{WHAT I’M GONNA DO (.)}
14. is get you to have a look at these.

Following a three-minute sequence during which the SLT and client rectify a whistling hearing aid, the SLT signals, through a so-preface (lines 1-2: “.hh so, y’ve been okay?=been well?”), a return to social preliminaries. The topic, the client’s well-being, is arguably ‘incipient’ (Bolden, 2014) at the start of a therapy session. Using a declarative question structure (Stivers, 2010), the SLT is asking about something that the client is likely
to know more about, so it functions as a confirmation request. As Steensig & Drew (2008) argue, “even though information (or confirmation) may be part of what a question is built to get, this seems to be virtually never ... what questioning in interaction is centrally about” (2008:9). So what is this question doing?

The SLT is in effect asking the client to confirm her own assessment that he is well. Even though the client responds to this question with an affirmation, the latter is produced in such a manner as to create some doubt as to how strongly he is prepared to confirm his own well-being. The stretched initial sound and change of intonation of his yes (line 4: “y::↓e:s”) suggests that he has some difficulty in confirming the SLT’s judgement that he has ‘been well’. This ambiguous response in turn becomes the environment in which the SLT produces a subsequent assessment (line 5: “hmm. you’re lookin [very well=”]). This is not simply a statement of what the SLT can see; in its sequential context, the FTE functions to maintain the positive frame around the client’s wellbeing, initially constructed in the first question, by referring to something that is more clearly within her epistemic territory. She can see how he looks, so she claims the right to assess this aspect of his overall well-being. In his latched response, the client produces a response that downgrades the SLT’s very well to pretty well (Heritage & Raymond, 2005) and eventually producing an affirmation in turn-final position (line 7: “≡pretty well, yes”). In designing his turn in ways that show some alignment with the SLT’s assessment, through similar wording and a turn-final acknowledgement token, the client is mitigating the fact that he is claiming greater epistemic rights to assess his own state of well-being in a different way to that of the SLT. In summary, then, in the social phases of the session, this client engages with the assessment turns of the SLT and presents his own perspective, here one which resists to some extent the positive frame that the SLT is attempting to build.

4.6.2 Example of a FTE in the administrative phase of a session

The second of the ‘contrasting context’ examples is taken from a therapy session involving a young man who has had a motor vehicle accident, which has left him with a range of movement problems, including problems with his shoulder and problems with speech intelligibility. The extract occurs towards the end of a discussion regarding sending out a survey, about the client’s speech intelligibility, to people with whom the client regularly communicates. This is a different context to the social, phatic interaction in the previous section. Here, the talk is related to the overall purpose of their interaction, namely the
client’s speech, but it is ‘administrative’ rather than ‘task-focused’: it relates to a survey that the SLT wants to send to significant people in the client’s life, such as his family and his rehabilitation team. In this environment, the client initiates a FTE about the physiotherapy service he is receiving.

Excerpt 4.18: problems with my shoulder

54 T so I might email them (.)'copies then'
55 (2.0)
56 C yeah
57 T Hhh [wha-
58 C [a::h um [[ recorder clicks off and on again]]
59 C AH:: we- (.) w'll (0.2) 'f- I’m not havin it (xx) he cn
60 only see me once a month until I have it? And s|o-
61 T [oh yeah
62 (0.8)
63 → C ah:: it's not good enough. (.) um (0.2) coz (.)I’ve
64 got problems with m’shoulder.
65 T mmmhm .hh so: have you spoken to James (.) about this?
66 (0.6)
67 C nuh "not yet." (.) ah: I’fought- how many family meetings
68 have I mentioned my shoulder’s not working properly.
69 T Mmm Mmm
70 C (nine)
71 (1.2)
72 C I just want it (0.7) t’function [(.)] properly=
73 T [Yeah
74 T =Yeah. se::- an::d (.) you’ve made that decision not to
75 have that operation haven’t you? (.) a- at- (.) until it
76 gets a bit warmer anyway. yeafh
77 C [m:: eh:::
78 C m::: eh:::
79 T SO have y’spoken to (.). K(h)a::te (.). at TAC?
80 (0.6)
81 C "mm"
82 T That’s who- you’ve spoken to her about- (.) that you ar::e
83 (0.4) wanting to change physios?
84 C nyeah
85 T o:kay
86 C yeah so:::-
Following the SLT’s confirmation that she can send out the survey (line 54), which the client receives with an agreement token, the SLT appears to be about to start a new turn (line 57). However, the client also starts a turn, in overlap, and when the SLT halts hers, he proceeds to negatively evaluate the service he is currently receiving from the physiotherapist, presumably triggered by the prior discussion of the ‘team’. At issue is how often he can be seen by the physiotherapist in the lead-up to a shoulder operation (line 59: “he cn only see me once a month.”). He evaluates this level of service, i.e. monthly visits, as “not good enough” (line 60) and follows this negative evaluation with a reason (line 61: “coz I’ve got problems with m’shoulder”) that builds out of his prior evaluation through the conditional conjunction because.

The SLT receipts this negative evaluation with an acknowledgement token, before launching into a query about whether the client has spoken to the therapist about his concerns, which she prefices with a so (line 63: “so: have you spoken to James about this?”). As Bolden (2009) noted, so-prefacing is often done to pursue a course of action that emerges from incipiens or even courses of action that are not specifically implied in the previous talk. Bolden (2009) also noted that “[by] using ‘so’ constitutively, speakers license the launching … of a particular course of action by reference to some interactional agenda. Notably, only recipient-oriented courses of action receive ‘so’ prefences, which suggests that speakers may use it for particular interpersonal goals (such as, to enact other-attentiveness)” (2009:996). The institutional agenda here is to clarify whether the client has taken his concerns, and his negative evaluations, to the relevant person. The client acknowledges that he has not discussed the matter directly with his physiotherapist, but provides details of how many times (line 70: “nine”) he has mentioned problems with his shoulders at family
meetings, presumably where the physiotherapist was present. The SLT then produces another so-prefaced turn, in line 79 - “so have you spoken to (.) K(h)a::te (.) at TAC?”). Again, she is re-directing the client away from further discussion of his negative evaluation/complaint, to focus on whom he should take these concerns to, in the second instance his case manager at TAC. In doing so, she is also avoiding a ‘second’ assessment (Pomerantz, 1984), which might involve her in evaluating a fellow professional.

The upshot of these multiple re-directions is that the client ends up downgrading his initial negative evaluation, from “not good enough” (line 60) to “not very helpful - at all” (line 91). This second negative evaluation occurs in turn-final position, following an account of why this issue concerns him so strongly, namely “progress is very import’nt to me”. The SLT has receipted each element of the client’s account of the problems with his physiotherapy sessions as it unfolds, but her minimal responses and so-prefaced questions constitute a refusal to take up the topic of the client’s physiotherapy. Eventually, she does produce a second assessment (line 95: “that’s fair enough”), just before she launches into the first ‘task’ of the session. She heralds the shift away from the interactional problem of the client’s physiotherapy, to ‘next-positioned matters’ (Beach, 1995:127), through production of a markedly loud okay (line 95: “.(tch)hh OKA::Y”). This signals that, from her perspective at least, some resolution of the issue of the physiotherapist has been reached, and that some new action or topic is about to be launched. She does this immediately, by asking him to recall his long words (lines 95-96: “d’you remember about your:: (0.4) long words?”).

In this extract, we see a client initiating a negative FTE about a service he is receiving in a relevant environment. In doing the FTE, the client claims his epistemic rights to evaluate, and defends his position with a range of reasons. The lack of uptake, by the SLT, of the evaluations done by the client, is not so much a denial of the client’s epistemic rights to evaluate his physiotherapist; it is more a case of refusing to be drawn into a discussion about a professional colleague. The extended discussion that ensues, once the client has produced a negative FTE, is markedly different from the ways evaluation sequences develop when SLTs produce first-turn evaluations.
**4.7 Chapter summary**

This chapter has shown that first-turn positive evaluations are primarily produced by SLTs, during task completion or as part of closing sequences at the end of a session. In task environments, SLTs interrupt client performance to emphasise positive elements, and at the end of sessions, FTEs summarise the upshot of a topic (Button, 1987), signalling the imminent closure of the session as a whole.

Positive FTEs generally involve extended turns that often contain references to more minute aspects of performance and to overall progress. They underline the SLT’s ability to identify fine-grained changes in performance that may not be clear to the client. FTE sequences link to overall progress across a number of sessions. As such, they highlight the long-term nature of therapy. Activities completed on any one day link to activities done over time and remind us that the SLT’s perspective on performance is shaped by an awareness of how local performances, on one day/on one activity, relate to performances on other days and in other task contexts. There is evidence that positive FTEs highlight the tensions for the SLT, in terms of balancing good and poor performance by the client, and evaluating current task performance and overall progress. The paucity of self-evaluations by clients is strong evidence that ‘evaluation’ is linked with the SLT professional role.

In addition to launching sequences that focus attention on specific skills, FTEs are also utilized to shape clients’ perceptions of their performance and progress. The overriding action of FTEs seems to be to ‘accentuate the positive’ – no matter what has occurred that might represent a contrary picture. When clients engage in their own negative evaluations, SLTs use FTEs to counter-balance any negative client evaluations, keeping the focus on the positive aspects of overall performance.

By producing evaluations in the first turn of a sequence, the SLTs are ensuring ‘heightened mutual orientation’ (Goodwin & Goodwin, 1987:7) to these evaluations. However, first-turn evaluations do not routinely receive any response, beyond minimal receipt. When positive FTEs do elicit some response, it is usually because the client does not share the same positive stance as the SLT to the entity/activity being evaluated. The lack of significant response to FTEs of client performance marks these evaluations as structurally different from assessments that occur in everyday talk (Pomerantz, 1984a), in that they are not designed for a second assessment by the client, which would enable “the display and
achievement of congruent understanding” (Goodwin & Goodwin, 1987:49). When FTEs are produced in the more social or conversational sequences of sessions, they do generally receive some kind of evaluative response and thus enable the achievement of a degree of congruent understanding of assessable entities by both participants.

Evaluations in first turns launch sequences of talk and constitute actions in and of themselves. FTEs are both structurally and socially difficult to do, in that they rarely work to achieve any sort of mutual agreement about the nature of client performance. The next chapter will explore how SLTs produce evaluations in third turns of sequences connected to clients completing therapy tasks, an environment that is structurally much less problematic for the production of evaluations.
Chapter 5: Positive Evaluation in the Third Turn

5.1 Introduction

Evaluations occurring in the third turn were a conspicuous feature of SLT-client interactions during the completion of therapy tasks, and such evaluations were predominantly positive across all data samples. This chapter will begin with an overview of conversation analytic research on the nature of third turns in institutional contexts (5.2). The literature survey will be followed by discussion of the range of positive evaluation terms produced in the third turn slot (5.3) and then an analysis of actions being done through different types of positive evaluation. One of the key findings of this analysis is that the overwhelmingly positive nature of SLT third-turn evaluations may create a number of tensions for clients.

5.2 Third turns in institutional contexts

In a range of work-related settings, third turns provide a mechanism for organising ongoing talk in ways that are connected to the goal-related activity underway in any particular setting. Schegloff (2007) argued that:

At the relevant junctures, the special contingencies of the task activities which characterize the setting prompt participants to do the interactional and sequential job of possible sequence closure in ways adapted to the interactional features of the local context. (2007:222-223)

In many learning interactions, there is a re-occurring pattern of instructional sequences involving the expert/teacher initiating some activity, which demands some response from the learner and is then evaluated in some way. Evaluations are therefore produced by the expert/teacher in the third turn of a sequence that they also initiated. Thus, the third turn of an instructional sequence is a form of post-expansion by the initial speaker (Schegloff, 2007; Jacknick, 2011). In many instructional interactions, the professional actually knows the answer or response required from the learner; thus, the third turn is a point at which the learner’s response can be evaluated and any errors potentially corrected (Lee, 2007).

In his review of CA research in classroom interaction, Gardner (2008) noted the nature and purpose of third turns can be more complex than simply reflecting expert/teacher control
over the instructional activity. Schegloff (2007) argued that there are differences in the way the third turn impacts on subsequent talk with some turns providing for minimal expansion, usually following a preferred response in the second turn, and designed to propose closure of an activity or topic, and other third turns that are designed in ways that project further turns in what he calls ‘non-minimal post-expansion’ (2007:118), most notably for actions such as disagreement, topicalisation, reworking of the first pair part, and other-initiated repair.

Some research findings show that this kind of tightly structured sequence can restrict learner participation, as the expert/teacher retains rights to initiate new activities, distribute turns and evaluate student responses, whereas learners have more restricted participation rights (Walsh, 2002; Lee, 2007). The issue of learner participation and expert control was taken up by Panagos and colleagues (Ripich & Panagos, 1985; Panagos, Bobkoff & Scott, 1986; Panagos & Bliss, 1990), who identified IRE sequences as a major feature of SLT interactions. They also identified that such sequences present a challenge for both parties in terms of correlating feedback with the learning outcome. Horton (2008) described feedback as “occupying the third turn of the three-part instructional sequences that are the core to aphasia language therapy” (2008:1000), and noted that such turns function flexibly and are calibrated to respond to the ways in which the SLT understands the amount of effort is involved in the clients production of a response.

Seedhouse (2004) presents a different perspective, pointing out that IRE sequences commonly appear in parent-child interaction, precisely because the third turn provides an opportunity for parents to show how the actions of the child relate to the core goal of learning. Seedhouse (1996) also argued that it is not reasonable to expect interactions that take place in institutional settings to have the same degree of freedom with regard to topic choice, turn-taking and negotiation of meaning as would be found in ordinary conversation. This aligns with the way Drew & Heritage (1992) define the link between ordinary conversation and institutional talk: they describe conversation as “a kind of benchmark against which other more formal or ‘institutional’ types of interaction are recognised and experienced” and go on to point out that “[e]xplicit within this perspective is the view that other institutional forms of interaction will show systematic variations and restrictions on activities and their design relative to ordinary conversation” (1992:19).
In ordinary talk, evaluations of all aspects of the experiential world are possible (Goodwin and Goodwin, 1992) and are generally followed up by some kind of second assessment (Pomerantz, 1984) by the communication partner. In institutional environments, such as SLT therapy sessions, evaluations are the province of the professional. Clients do produce second-assessments following first assessments by SLTs in the more social sequences at the start of therapy sessions (as was shown in the previous chapter – eg excerpt 4.17), but no client ever commented on a third turn evaluation, highlighting the highly institutional nature of these turns.

In summary, then, three-part (or triadic) sequences are a feature of instructional activities in institutional contexts. The third turn of such sequences provides a mechanism for control of sequence expansion or closure as well as for the confirmation or evaluation of learner performance. The next section will provide an overview of the nature of the positive evaluative turns identified in the data. The remainder of the chapter will present an analysis of the kinds of positive evaluations that occur in the third turn, while chapter 6 will provide analysis of other activities produced in the third turn.

5.3 The range of positive evaluative phrases used

The majority of the third-turn evaluations (hereafter TTE) in the research data are what Schegloff (2007) refers to as ‘minimal’ expansions, i.e. turns that do not propose any extension of the action completed in the prior adjacency pair. An analysis of the positive evaluative terms that were found in these third turns identified 22 different kinds of words and phrases used to provide positive evaluation of performances in the third position, as set out in Table 5.1 below.

<table>
<thead>
<tr>
<th>Terms and phrases</th>
<th>Number</th>
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<tbody>
<tr>
<td>1 Good</td>
<td>41</td>
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<td>2 That’s good</td>
<td>16</td>
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<tr>
<td>3 Good boy</td>
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<tr>
<td>4 Very good</td>
<td>15</td>
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<td>5 Well done</td>
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<td>6 Good one</td>
<td>5</td>
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<tr>
<td>7 That’s right</td>
<td>5</td>
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<td>8 That was good</td>
<td>3</td>
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<td>9 Good job</td>
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<tr>
<td>10 Good try</td>
<td>2</td>
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<tr>
<td>11 It’s good</td>
<td>2</td>
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<tr>
<td>12 Really good</td>
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<td>13 Great</td>
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<td>14 Excellent</td>
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<td>15 Beautiful</td>
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<td>16 Fantastic</td>
<td>1</td>
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<td>17 Pretty good</td>
<td>1</td>
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<tr>
<td>18 Good stuff</td>
<td>1</td>
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<td>19 Damn good call</td>
<td>1</td>
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<tr>
<td>20 Perfect</td>
<td>1</td>
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<tr>
<td>21 High five</td>
<td>1</td>
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<tr>
<td>22 Exactly right</td>
<td>1</td>
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</table>

| Total             | 132    |

Table 5.1: Types of positive evaluation
Most evaluative phrases implicitly or overtly reference the performance on a task (that’s good; well done; good job) while some (good boy) directly reference the client. Notably, 13 of the 22 words or phrase groupings were variations on the term good, and that variations of good constitute over 70% of all instances of positive evaluation in task environments.

The ubiquitous appearance of good in the data demands detailed analysis. The word good presents something of a challenge to analyse, however, not in the least because it is one part of a key universal dichotomy for conceptualising experience, namely ‘good-bad’, which Wierzbicka (2003) describes as “unanalyzable conceptual primes” (2003:233). It is so obviously a ‘positive’ term that, at first glance, it appears that little else can be said about its use, other than that it reflects the SLT’s positive evaluation of the client’s performance. However, close analysis of the ways in which this word is used in SLT therapy task environments shows that there may indeed be more to the use of the word good than initially meets the eye.

Good occurs on its own, as a response token that expresses approval or satisfaction, but it can also be used as an adjective, covering a range of potential meanings ranging from ‘satisfactory’, in quality/quantity or degree, for some purpose, to ‘sufficient’, or even ‘commendable’. The range of potential meanings that can be packaged in this one short word makes it an excellent choice to use for purposes of evaluation; it can stretch to cover a range of meanings. The ‘approval’ that this term signals can relate as easily to effort on the part of the client as it can to the actual quality of a client’s performance on the task. A response to a task may be ‘satisfactory’, or even ‘sufficient’, in many different respects, without necessarily being ‘correct’. As Clark et al (2003) note, phrases such as “That’s good” can be best understood as only nominal agreements, in that they do not show or prove agreement through some form of second assessment. As such, they can potentially be read as what Goffman (1967) calls a ‘working acceptance’ rather than a ‘real’ one.

While the key semantic feature of ‘good’ is positive, the word is used in a variety of situations where the actual performance may not necessarily be ‘all good’; thus, it does not only function as a marker of positive evaluation.

More significant than the range of potential positive meanings it can reference is the fact that good is a word that signifies a particular stance by the SLT with respect to the client’s immediately prior response. Stance operates through overlapping semantic, pragmatic,
social, and Discourse Processes (du Bois, 2007); therefore, while it may be difficult to analyse good at a semantic level, it is quite possible to explore its pragmatic potential. Pragmatically, good can initially be seen as a term used to perform the ‘action’ of evaluation. The word reveals the opinion of the speaker about something, more specifically the opinion of the ‘listener-watcher’ about the ‘performer’, or of the ‘expert’ about the ‘client’. The use of good frames the SLT’s opinion of the performance of the client, at one end of the ‘good-bad’ parameter. When we evaluate something, we are not only expressing an opinion or judgement about the ‘object’ of evaluation; we also position ourselves in relation to both the object and our interaction partner, potentially aligning with them or seeking to distance ourselves from them. To better understand the action being performed through the use of good in SLT task sequences, it is useful to look more closely at the different environments in which this term appears.

### 5.4 Positive Third-Turn Evaluations are not all the same

Positive third-turn evaluations clearly fit the broad description provided by Schegloff (2007) of ‘minimal post-expansions’ in that they do not project further discussion, on the part of the communication partner, of the content or actions produced in the initial adjacent pair of utterances. As such, they are much more likely to occur following preferred second pair parts. The role that these third turns have in closing down discussion is reflected in Schegloff’s (2007) description of these non-minimal expansions as ‘sequence-closing thirds’. Evaluations are one of the more common ‘sequence-closing thirds’ (hereafter SCT) along with responses like Okay, which registers and accepts a responsive action (Beach, 1993). As Lee (2007) noted, the production of a SCT should not be considered as a ‘blanket’ term, describing a known action; in designing and producing the third turn, the SLT needs to address the specific local contingencies that arise in the preceding turns. The following sections will clarify how different types of SCTs are produced in response to just such local contingencies.

#### 5.4.1 Good as a clear indication of sequence closure

One function of good in therapy interactions is to mark the end of an activity or to indicate transition into closing. While all positive evaluations have some level of closure implicature, good has not previously been included in the set of ‘ordinary positive’ terms
(Antaki, 2000:236) used to indicate closure. At times, the evaluative term *good* comes after another closing signal, such as *okay* (Beach, 1991), but it is often the case that *good* alone marks the boundary between sequences or tasks. Thus, *good* is a device for indicating closure of sequence (Schegloff, 2007) and of the activity contained therein.

The first two excerpts where *good* occurs as a discourse marker come from a case history taking sequences. Though case history sequences do not have the same tight constraints on contributions as therapy task activities, there are vestiges of triadic interaction, in that the SLT asks questions, which the care worker answers, and then the SLT evaluates the answers in some fashion. In excerpt 5.1, the SLT asks a question (line 76: “is she taking any medication?”), which receives a minimal negative response in line 77; this is then followed by an evaluation from the SLT (“she must be a healthy lady”) in line 78. Immediately following this evaluation, the SLT produces a *good*, which acts to close down the topic of the client’s health, making way for a new topic, i.e. vision and hearing (line 78). In excerpt 5.2, the use of *good* comes after the SLT has received information about three topic areas (feet, gastrics and bowels). The SLT signals the end of that sequence with an *okay*, followed by the discourse marker *good* (lines 68-69).

**Excerpt 5.1: is she taking medications?**

76 T okay. is she taking any medication?
77 CW No.

78 ➔ T she must be a healthy lady. good. =what about vision’n hearing?

**Excerpt 5.2: not sensitive about her feet**

66 T okay. so she’s not sensitive about her feet.
67 CW no, she’s okay.
68 T and gastrics are all okay. no bowel problem or anything? okay.
69 ➔ good.

The dual functionality of *good* in potentially marking *both* evaluation and sequence closing is seen quite starkly in excerpt 5.3. After the client has produced a number of three-syllable words clearly, the SLT latches her evaluation (line 52: “=very good”) onto his production of the word *violet* and then proceeds to get the client to stop and rate his performance on prior tasks (line 152: “stop there for a sec. How would you rate those?”).
Excerpt 5.3: how would you rate those?

48 → C  patriot, (0.4) penetrate, (0.6) powerboat, (0.8) prohibit,
49 (0.4) radiate, (0.4) regulate, (0.6) roller-skate, (0.4)
50 satellite, (0.4) skyrocket, (0.4) statuette, (0.4)
51 → tol’rate, (.) violet,
52 T =very good, (0.4) okay stop there for a sec, (0.4)
53 ^how would you rate those,(0.6) on a scale of zero to ten

The second last word that the client has read, tolerate, was the only word in this sequence that was produced with some slurring, in the second syllable. It is plausible that the SLT is closing down the ‘reading’ activity at a point where the client may retain some awareness of the ‘error’ (slurring) that he has made. The addition of “stop there for a sec” (line 52) emphasises the possibility that very good marks a temporary ‘end point’ of some kind. Indeed, the SLT uses the opportunity created by closing down the task to ask the client how he would rate his own performance. Asking the client to evaluate his performance in an overt way suggests that the SLT’s prior very good does not really achieve the ‘action’ of evaluation. If the action has already been done, how can the client go on to do more of the same? The complexities involved in asking clients to evaluate their own task performances will be explored further in the following chapter. For now, such a request can be seen as evidence that the SLT does not intend her closure-marking very good to be an overt evaluation of the nature of his performance on the task; it is more of a way of marking completion.

5.4.2 Good: you understood the ‘explicit’ requirements of the task

The use of good as a positive evaluation of performance primarily occurs in those environments where the SLT has, in a prior turn, provided a model or a performance criterion on which the client is to focus. In the three excerpts below, there is a clear indication of the criterion that the SLT is asking the client to focus on while performing a task. The criteria are very different: in excerpt 5.4, the focus is on keeping the “teeth shut” (line 61); in excerpt 5.5, it is on repeating a chunk of a previously modelled sentence (line 99: “The clouds...”); and in excerpt 5.6, it is on “see the train there” (line 1) and on “put a line under that one” (line 3). When the client produces a response that aligns with the criteria, the performance is evaluated with the word good.
Excerpt 5.4: sewing

59 T oh (.) you- your nanna does that (.) sewing.
60 C sewing.
61 → T teeth shut.
62 C s:::ewing.
63 → T good. what’s this thing?
64 T (tap tap) What’s this?

Excerpt 5.5: the clouds

99 → T the clou::ds (0.2) are turning (.) dark and grey.
100 (0.8)
101 T what are turning dark and grey?
102 C ah:: (0.2) clouds.
103 → T good. why are the clouds turning dark and grey?

Excerpt 5.6: put a line under that one

1 → T can you see train there?
2 C mm
3 → T yeah. put a line under that one.
4 (2.3)
5 → T good. yeah, that one there. oops! my pen’s not working.(0,3)
6 o:kay. well done.

Excerpt 5.7 (below) shows that ‘signalling performance criteria’ can involve a fairly minimal signal of what is required. Having successfully read a name from a list, the client’s performance is evaluated with the phrase “well done.” (line 93), produced with a falling intonation contour. This is immediately followed by a turn-initial “a:n’d” (line 94), a ‘designedly incomplete utterance’ (Koshik, 2010) signalling that more is required. It is clear that the client is orientated to the requirements for completing the task, as he responds, in overlap, with the required response (line 95: “and Ross”) – and this turn is evaluated with the adjective “good” (line 96).

Excerpt 5.7: and Ross

93 T well done.
94 T → a:n’d,
As the analysis of these four excerpts shows, one environment in which *good* occurs is that in which some criterion has been presented or alluded to by the SLT, and the client has taken up the challenge of producing a response that fits the criterion. In these environments, the word *good* is produced without significant emphasis and is often immediately followed by a ‘next’ instruction. The action of the word *good* in these environments is as much about the fact that the client has acknowledged and responded to the explicit instruction as it is about the quality of the performance.

The use of *good* indexes ‘something’ that is being evaluated, but *what* exactly it is that is being evaluated is not necessarily referred to in a specific or direct way. The use of *good* immediately following some response by the client provides an indication of what is being pointed to by the use of the term – namely something about the client’s response. As Heritage (1984) noted “the intelligibility of what is said rests upon the hearer’s ability to make out what is meant from what is said according to methods which are tacitly relied upon by both speaker and hearer. These methods involve the continual invocation of common-sense knowledge (q.v.) and of context as resources with which to make definite use of indefinite descriptive terms’ (1984: 144). Thus, *good* is context-sensitive but, unlike indexical pronouns which have a clearer relationship back to the original referent, it is not immediately clear from the prior linguistic context or from the physical context what the word *good* relates to. In its adjectival form, it presupposes a noun but there are many potential ‘things’ that this adjective could apply to: the actual *performance* or the *action of the client*, the *effort*; the *attention to or concentration* on the task; the *attempt* at the task. When it occurs on its own, as it does most frequently, *good* is ambiguous, lacking specificity about which element of the client’s performance is being evaluated.

### 5.4.3 Upgrading *good*

The ambiguity that is inherent in a single *good* is overcome when the word is upgraded in some way. The following excerpts show how an initial *good* is upgraded in some way in environments where the client shows some difficulty in achieving the ‘right’ response. In excerpt 5.8, the client’s answer to the question posed by the SLT in line 222 (“Where is the fire truck?”) is inadequate in terms of the task criteria, which could be glossed as...
“repeat back that segment of the original statement which correlates to the question asked”.
In this case, the required response would be the phrase in front of the building.

Excerpt 5.8: the fire truck

220 T the fire truck (0.2) is in front (. ) of the building.
221 C the fire truck (. ) is in front (. ) o- (. ) of the ah building.
222 T where is the fire truck?
223 C ah:: (0.4) the::re.
224 T yeah. where’s there?
225 C AH:: (. ) >on the road.<
226 T on the road. >where did I say it was, Harry?<
227 C on the (0.3) building.
228→ T goo::d. was it on the building or in front of the building?
229 C ah- in front of the building.
230→ T ↑good boy. ↑↑WEll ↓done.=↑well ↓done. (0.3)

Harry’s initial response (line 223: “ah:: (0.4) the::re”) is positively acknowledged (line 224: “Yeah”), but the subsequent category-specific other initiation of repair (line 224: “where’s there?”) indicates that an indexical pronoun there is not sufficient to meet the criteria for the task. The SLT repeats the child’s second attempt at answering the question (line 225: “on the road”) and follows this with an interrogative “where did I say it was?”. This question serves to reorient the client to the source of the required answer, with an explicit request to recall the location that the SLT has first given in her presenting statement (line 220). The response (line 227: “on the (0.3) building”) is met with an elongated “goo::d” (line 228), but the SLT’s next turn shows that Harry has not yet produced the ‘required’ response, though he has moved closer: from road to building. To prompt the required response, the SLT presents him with a forced choice question, which contains both the place he mentioned in his prior turn (on the building) as well as another option (in front of the building). When Harry chooses the ‘required’ response (in front of the building), his turn is evaluated by a “↑good boy” combined with two lots of well done – both with marked intonation contours.

The SLT’s pursuit of a ‘correct’ response over a number of turns gives a clear indication of the parameters she is orienting to in terms of the client’s performance. The latter’s use of an indexical there (which, plausibly, could be accompanied by a gesture to the picture being used), combined with his subsequent clarification (there = road), indicates that he is
orienting to these questions in terms of a real world sense of ‘context’: she asked where the fire truck is – so I point to it; she asks me to be more specific, so I tell her it is ‘on the road’ – which is precisely where a fire truck would be parked in real life, and potentially in the picture being used in this task. Her pursuit of the precise wording of the original statement shows that there is no shared understanding of the purpose of this task. The purpose of the task is not simply to ‘answer questions’, but to answer questions using the precise wording of the original statement. When Harry finally produces the ‘required’ response, using the scaffolding provided by the SLT via the forced-choice alternative, he is evaluated in a very positive way. The changing nature of how the word good is produced shows us how the SLT is both orienting to a specific format for the client’s response, as well as to the incremental improvement of his responses.

In excerpt 5.9, the SLT asks a question about a picture of a baby crying (line 29: “what’s wrong with the baby?”), to which the client responds with a single word “crying.” (line 30). There is no overt evaluation of this response; it is met with a follow-up question from the SLT about the meaning of crying. The client’s response (line 33:”.huh means sad.”) is positively evaluated with a plain good. This is immediately followed by a request to repeat the word with more emphasis on the initial [s] (line 34: “can you say s:ad?”)

Excerpt 5.9: What does it mean when we cry?

29  T  what’s wrong with the baby?
30  C  crying.
31  T  what does it mean when we cry?
32   (2.0)
33  C  .huh means sad.
34 → T  good. can you say s:ad?
35  C  s::ad.
36 → T  good boy.

When the child copies this model, his response is evaluated with an upgraded evaluation. Given that he has already said the word in his prior turn, what is being indexed by the second evaluation phrase (Line 36: “good boy”) is not simply the actual saying of the word, but saying it in a particular way. The client has acknowledged the SLT’s additional emphasis on the initial [s] sound and has copied that emphasis. This interaction reinforces the main focus for the interaction, namely accurate productions of the [s] sound in words. A similar pattern, i.e. good evaluating a ‘correct’ answer and an upgraded form of the same term being used to evaluate the ‘desired’ response, is seen in the next three excerpts.
Excerpt 5.10 the ocean
37 T what’s this?
38 C the ocean.
39 T→ good (.) what’s another name for the ocean?
40 C sea.
41 T→ good. >teeth shut< sea=
42 C =sea.
43 T→ good boy.

In line 39 of excerpt 5.10 (above), the SLT evaluates the client’s initial answer (line 38: “the ocean.”) to the question (line 37: “what’s this?”) as good, but goes on immediately to ask for another name for the ocean. The response to this follow-up question is also evaluated as ‘good’, but the client is then given an instruction and a model for the correct phonemic realisation of the word – giving an indication that while he got the word ‘right’ semantically, he needed to improve his pronunciation of it. When he repeats the model, his performance is evaluated with the phrase “good boy.” (line 43).

In excerpt 5.11, the “goo::d” (line 165) follows the client’s accurate repetition of the target sentence, while the upgraded “good boy” (line 167) is reserved for his accurate production of an accurate answer to the question she asks about the original statement (line 165: “what is the horse eating?”). Even after this upgraded evaluation of the correct answer to the question, the SLT goes on to solicit a repetition of the word. Her aim is to ensure correct pronunciation, through the use of exaggerated emphasis on the final vowel component (“↓h::ay:::”), which the client reproduces in a much quieter tone (line 168: “↑h::ay”).

Excerpt 5.11: the horse is eating hay
163 T the horse is eating hay. "your turn"
164 C the horse (. ) is eating hay.
165→ T goo::d. (0.3) what is the horse eating?
166 C /hait/
167→ T good boy. ↓h::ay::: 
168 C "h::ay"

In a different context, with an adult client, this pattern of upgrading from a plain good is seen in excerpt 5.12 (below), where the upgrade is to the ‘high grade assessment’ (Antaki, 2000) beautiful. The client is writing down numbers, and his performance is evaluated with
a plain good at line 12. Following presentation of a further number (line 16: “four”), there is a silence of over two seconds, then two subsequent turns that suggest the client may be having some difficulty writing down the required number. First, there is a comment by the SLT that the client is “good so far” (line 18), a form of encouragement, which is then followed by a further statement about what the number needs to be (line 18: >that one needs to be a four.<”). Following a further silence, during which time the client conceivably writes the correct number, the SLT produces the HGA ‘beautiful.”(line 20).

Excerpt 5.12: that one needs to be a four

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In excerpt 5.13, the more generic evaluation, “that’s good” (line 156), is upgraded in a different manner, to “really good” (line 163), when the client completes the underlining of words that fit with the topic word, boys’ names. The SLT then immediately clarifies what parameter of performance she is evaluating by adding “’you did ↑that without even looking back”( lines 163-4).

Excerpt 5.13: boys’ names

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<td>163 ∴ T:</td>
<td>↑really good. ↑you ↑did ↑that without even looking back.</td>
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Upgraded evaluations were not only found in environments where some initial difficulty was noted with respect to the client achieving the correct response. When clients independently show their alignment to the purpose of the task, and display a notable ability to perform in ways that they have not previously, there is also an upgrading of the basic good. In excerpt 5.14, the client independently produces the [s] sound with some prolongation, which shows his orientation to the purpose of the task, namely practising productions of the [s] sound in word initial position. This response receives the upgraded good boy, plus an additional well done without a preceding good.

Excerpt 5.14 sock

24 C sock
25 T good boy well done

This last excerpt gives weight to the notion that good on its own is not necessarily being used to evaluate performance, but rather indexes something about the client’s completion of an element of a task; and also that upgraded forms of good are more closely tied to actual meeting of performance criteria. If you can focus on the criteria, you get a plain good – but if you do that and you produce an accurate response, you get an upgraded evaluation. If you show some kind of independent orientation to the relevant performance criteria, without any input from the SLT, you will also get an upgraded good.

The lack of any client uptake or response to the evaluations by the SLT is a by-product of the sequential location of the evaluations and the implications such evaluations have for closing down the prior sequence of activity. Unlike assessments in more conversational interaction (Pomerantz, 1984), evaluations in SLT task sequences are the domain of the SLT. Thus, evaluations do not provide an opportunity for participants to “negotiate and display to each other a congruent view of the events” (Goodwin & Goodwin, 1992:182) or to achieve some sense of shared understanding about the nature of the performance.

5.5 Summary of evaluative good

Where there is a local reference to task parameters (e.g. “teeth shut”, or “put a line there”), the client’s attention to these parameters is often evaluated with a plain good. Independent
orientation by the client to task parameters gets an upgraded evaluation (e.g. “good”), as do ‘correct’ responses that have been preceded by some difficulty in achieving the task requirements. In these situations, the upgraded evaluation not only indexes the achievement of a correct response but also acknowledges the difficulty the client has faced in the process, and the ability to utilise the scaffolding provided by the SLT to achieve a ‘better’ response. Upgraded evaluations therefore seem to index both the performance and the person.

The preceding analysis has shown a range of different actions being done through the use of the evaluative term good. In some cases, this term is used to evaluate the client’s orientation or attention to task criteria, in others to comment on the actual achievement of ‘correct’ performance as well as to provide some kind of encouragement of ‘effort’, even when performance on the particular task was not actually ‘correct’.

The therapeutic task sequences analysed often proceed without any overt discussion of, or reference to, the ‘end point’ of the activity. In other words, evaluations often occur without any overt reference to the standard or the goal that defines a ‘good’ performance. Thus, evaluations reflect the therapist’s own sense of how an individual response relates to some kind of spectrum of achievement, rather than being something about which a shared understanding has been reached between SLT and client. The relevance of any particular client response to the overarching goal of the interaction remains the ‘epistemic territory’ (Heritage, 2012) of the SLT. A further way in which evaluations in third-turn position mark the SLT’s epistemic status is their dual function as both stance markers and discourse markers – signalling closure of activities in some way, as seen in the next section.

5.6 Chapter discussion

This chapter has focused on positive evaluations because these are the most common action accomplished in third turn position; the range of other actions produced in third-turn positions will form the focus of the next chapter. What the analysis in this chapter has shown is that the triadic structure of talk surrounding completion of tasks is a ubiquitous feature of task-based therapy. The SLT designs, introduces, monitors, supports and evaluates performance on tasks. Performance is rated as good when there is some orientation to the task parameters in the client’s performance, but an upgraded form of good (e.g. very good), or a stronger indexical term, is used when there is actually a
‘successful’ performance of the task. The term good can be followed by a repetition of the client’s prior turn/utterance, in which case it either signals some kind of affirmation or alignment or, alternatively, indicates some reparative work might be needed, despite the initial positive evaluation (Couper-Kuhlen & Selting, 1996).

When we look at the language used by SLTs to provide feedback on performance, it is nearly all ‘good’; the word good is massively present in third-turn evaluation slots in IRE sequences related to completion of therapy tasks in SLT interactions. Indeed, words and phrases used in the third turn emphasise the positive, even when the performance may not be accurate or appropriate. There seems to be an overwhelming impetus to maintain a positive focus, no matter what occurs during the therapy tasks. Good becomes almost a default position. This term is positive and functions as an evaluation, though it lacks clear indexicality, which means that the client, and the analyst, must work out what the good is indexing.

Plain good is ambiguous. The analysis has provided some insight into what the term good is potentially doing, but answers to why the SLT uses good at specific points in the interaction remain elusive. Good appears to be designed for some level of ambiguity; it carries a range of potential semantic and pragmatic meanings, pointing to the positive end of the ‘good-bad’ spectrum of evaluations, yet it leaves the individual scope for deciding what is actually being indexed. The lack of clear indexicality is one feature that makes this term ambiguous; the other feature that suggests ambiguity is that the term marks both evaluation and activity closure. In addition, plain good occurs in environments where client performance is arguably ‘not good’, which means it is not always an evaluation of performance as such, but potentially a mechanism for signalling approval of continued client engagement or client effort. Correct, or more accurate, responses to tasks generally get an upgraded response, which has much stronger indexicality – either pointing to the client (good boy) or to the task (well done). Whatever the nature of the positive evaluation used, positive evaluations in the third turn are examples of minimal expansions (Schegloff, 2007), turns that are designed to close down the activity completed in the triadic sequence.

Tasks that involve working on components of speech and language require the SLT’s knowledge and expertise to define the parameters of performance, as these are likely to be outside the average client’s experience. But this reliance on the SLT potentially leads to a problem. If the client does not develop some kind of internal representation of what a
‘good’ performance involves, this will impact on the carry-over, into everyday life, of the skills, orientation, awareness developed through the task. The ultimate goal of therapy is to enable clients to use speech and language abilities for successful interaction in their everyday life. The strong IRE nature of talk related to task completion allows little or no space for clients to develop an ability to judge their own performance. The institutionality of the talk, as seen through the repeated use of IRE sequences controlled by the SLT, seems to work against one of the important long-term goals of the interaction, namely independent ability to perform speech or language activities ‘well’.

SLTs maintain a positive stance towards their clients, even when client performance is not quite up to scratch. The way third-turn evaluations are produced sets up a stance that is monologic rather than dialogic; it is not something that is open for discussion. The location of these positive evaluations in the third turn of a sequence creates significant difficulties for client engagement with the evaluation, primarily because third turn evaluations effectively close down the sequence and prepare the way for a new activity to be launched. In addition, most of the third-turn evaluations do not provide for a clear referent for evaluative stance, making it almost impossible for the client to take up a corresponding stance. The maintenance of a positive stance towards the client and the client’s performance on tasks, through the use of evaluative turns at the boundary of most activities, effectively precludes any real engagement with the client about the meaning of the tasks, and about the relationship between client performance on task and real life communication demands.

Positive evaluations were more far more numerous than negative evaluations, however negative evaluations do occur in third-turn position. The following chapter will explore the ways in which SLTs use the third turn to negatively evaluate a client’s performance, either implicitly or overtly by initiating repair or correction sequences on something about the clients performance.
Chapter 6: Repair, Correction and Negative Evaluation

6.1 Introduction

The nature of communication impairments is such that clients with impaired linguistic competence will almost certainly produce errors that need to be managed in some way in both everyday and more institutional environments. SLT therapy sessions are one context where errors are highly likely to occur, as tasks are often designed to take the client to the next level of performance. With any task in a client’s ‘zone of proximal development’ (Vygotsky, 1934/1987), there is an increased likelihood that successfully completing tasks will involve some level of support or guidance from the SLT. While clients can, and do, self-correct their own errors, most errors are addressed in some way by the SLT, in the third turn of a task-related sequence.

The management of errors generally involves a third turn that projects further attention to the way the client has completed the task item. Schegloff (2007) identifies five types of such ‘non-minimal’ third-turn expansions: other-initiated repair, topicalisation, first pair part re-workings, disagreement-implicated other-initiated repair, and rejection/challenge/disagreement with the second pair part (2007:151). SLTs use a range of these ‘non-minimal’ third-turn expansions, in ways that orient to the importance of the client successfully completing the task at hand.

Learning to manage or even overcome errors is a core goal of the interaction, and thus initiation of correction sequences in the third turn is an integral part of task-related interactions. Given the routine ways in which acceptable responses are evaluated with positive evaluations, the use of repair and/or correction strategies could easily be read as involving some level of implied negative evaluation of the client’s initial attempt at a task. Direct negative evaluation of client errors occurred rarely in the data. More commonly, SLTs provide additional support to give the client an opportunity to achieve the correct outcome in a subsequent attempt, and when such attempts fail, they provide the correct response.

The distinction between correction and repair is an important one in the context of SLT-client interactions and will be discussed in more detail in section 6.2. This review of current thinking about repair and correction will be followed by an exploration, in section
6.3, of the patterns of repair and correction found in the data. Section 6.4 discusses the way overt negative evaluative terms are used to support client self-correction, and in section 6.5 the two examples of overt negative evaluation that occur in the data are analysed.

6.2 Correction and repair in learning contexts

Both repair and correction relate to the management of some kind of interactional ‘trouble’. Conversation analysts (e.g. Lerner, 2004; Seedhouse, 2004; Liddicoat, 2011) define ‘trouble’ in interaction as anything that is signalled as such by the interaction partners. This may include errors, although a detectable error is not essential for the presence of ‘trouble’ (Schegloff et al, 1977). Ferguson (1994) noted that CA marks a departure from previous approaches to the categorising of errors in interactions involving people with communication impairments, in that a CA approach demands that each example of ‘trouble’ or ‘repair’ be defined in terms of its interactional significance, rather than in terms of some a priori list of possible types of trouble/repair. In addition, ‘repair’ is seen as a resource for maintaining mutual understanding, a commonplace occurrence in everyday interaction and, thus, not ‘remarkable’ in and of itself. The conversation analytic approach to the management of interactional trouble involves attention to the temporal and multi-modal aspects of interaction. By focusing on “how the participants’ own local management of interaction is sequentially organised” (Nevile & Rendle-Short, 2007:302), CA demands attention be given to the contributions of both interaction partners in resolving any kind of interactional trouble. Thus, in SLT-client interactions, equal attention needs to be given to the SLT and the client and their respective contributions to the resolution of errors. Simply attending to errors made by the client with the communication impairment is not sufficient.

In their seminal article on repair, Schegloff, Jefferson & Sacks (1977) describe repair as a ‘self-righting mechanism’ for inter-subjectivity and the maintenance of shared meaning. This is not a deficit view of errors. Viewing repair as a self-righting mechanism suggests, instead, that all aspects of talk might need to be clarified and negotiated for inter-subjectivity to be sustained. Schegloff et al (1977) define four different patterns of repair, based on who initiates the repair activity and who completes it. They thus distinguish between self-initiated self-repair (SI/SR), self-initiated other-repair (SI/OR), other-initiated self-repair (OI/SR) and other-initiated other-repair (OI/OR). As Hayashi, Raymond & Sidnell (2013) note, repair opportunities “unfold in time with the trouble source speaker
having the first, and most, opportunities for both indicating and managing troubles”, so much so that “the procedural machinery of repair is systematically biased in favour of having speakers manage their own troubles” (2013:10). That is, people may repair their own errors, within the same turn or at the turn boundary. Other initiation of repair occurs after two options for self-repair have passed. In addition, a person who makes an error might identify the error and seek support from their interactional partner to complete the correction of the error in the next turn. Other-repairs are often modulated in some way (McHoul, 1990) and are often proffered for acceptance or rejection by the person who has made the error, as one way of ameliorating the potential face-threatening act (Brown & Levinson, 1987) of repairing someone else’s talk.

Considerable attention has been paid to the issue of repair in institutional contexts involving people with impaired communication, such as audiology (e.g. Lind, 2013), aphasia therapy research (e.g. Ferguson, 1994; Simmons-Mackie, 1995; Lindsay & Wilkinson, 1999; Laakso, 2003), as well as in classrooms involving children with language impairments (e.g. Radford, 2010; Radford, Ireson & Mahon, 2012). Much of this research has focused on describing how repair affects intersubjectivity, especially in everyday interactions between a person with a communication impairment and their communication partners. In such interactions, other-initiated/other-repair sequences are likely to have a significant negative impact on the aphasic client’s autonomy and on the progressivity of interaction (Lindsay & Wilkinson, 1999). Radford (2008) identified a range of repair initiation strategies used in classrooms with children who have specific language impairments, including generic/non-specific repair initiators as well as three more specific repair initiators, viz. WH-questions, ‘designedly incomplete utterances’ (Koskik, 2002) and ‘candidate answers’ (Pomerantz, 1988). Radford (2008) also noted that we know far more about repair and correction trajectories in both general and second language classrooms than we do about repair in therapy contexts.

In his analysis of classroom interactions, McHoul (1990) argued that repair is not qualitatively different to correction, rather it “is a general sequential phenomenon of which corrections as such form just one part” (1990:350). Macbeth (2004) critiques McHoul’s characterisation of repair as a general phenomenon, arguing that ‘repair’ and ‘correction’ are “distinctive – and concurrent – organizational domains” (2004:715), where ‘repair’ indicates a focus on sustaining mutual understanding while ‘correction’ indicates a focus
on the prior speaker replacing an ‘error’ by what is ‘correct’. Thus, ‘repair’ orients to
‘errors’ in a non-deficit way, whereas ‘correction’ is more deficit-focused: the ‘error’ is
something that needs to be corrected. In doing correction, the interaction partner is
pointing out the required knowledge or skill that needs to be demonstrated. Macbeth
(2004) furthermore notes that correction is routinely done in environments where
“something like instruction is going on, with the full entailments of task, identity and
relation that instruction implies” (2004:726). Schegloff et al (1977), too, indicate that the
preference for self-repair does not occur in the same way in interactions involving people
who are “not-yet-competent, people who are still learning or being taught to operate a
system [repair] which requires that they self-monitor and self-correct as a condition of
competence” (1977:380-381). While this description is framed with reference to children,
who are still learning about the system of repair, it also has relevance for people with
communication impairments, as both groups are likely to have limits to their linguistic
competence. Norrick (1991), in his discussion of other-correction in adult-child and in
native/non-native speaker interactions, suggests that the speaker with greater competence
may become so focused on the novice’s ‘learning’ that the usual preference for self-repair
no longer applies; thus, a focus on learning may increase the likelihood of overt correction.

The central issue in therapy tasks is ensuring that the client gets the task ‘right’, by
producing a sound or word in a particular way. Accurate completion of tasks, or getting
things ‘right’, helps to build neural pathways and meta-cognitive awareness relevant to
improving linguistic competence and sustaining this over time (Seigal, 2003). Thus, it is
more likely to see examples of ‘correction, rather than repair, in therapy environments.

The only research identified that explored corrections in SLT therapy interactions was by
Simmons-Mackie & Damico (2008), who applied the ‘exposed’ and ‘embedded’ categories
of correction, described by Jefferson (1987), to examples of correction found in aphasia
therapy interactions. When correction is done explicitly, in an exposed way, it serves to
halt the prior flow of talk until the error is addressed. The alternative way to do other-
repair is in an embedded manner, where the repair is offered within the next turn but in
such a way as to allow the flow of talk to continue without interruption per se. Simmons-
Mackie & Damico (2008) found that corrections in aphasia therapy interactions differ from
naturally occurring conversation in that the corrections “were rarely rejected and were
delivered without accountings” (2008:13). They noted a greater emphasis on ‘exposed’
corrections, which relate to the precise management of errors rather than to the client’s intended communicative meaning. Embedded corrections, on the other hand, focus more on “issues of self-expression, politeness, parity and self-image” (2008:14) than on the management of errors. The patterns of correction noted by Simmons-Mackie & Damico (2008) relate to group therapy conversations, specifically to instances where the SLT provides the correct form of word following a client error, similar to what Lindsay & Wilkinson (1999) refer to as ‘correct production sequences’.

6.2.1 Repair and intersubjectivity in therapy tasks

Macbeth’s (2004) distinction between ‘repair’ (an issue of intersubjectivity) and ‘correction’ (an issue of skill or knowledge) is a valuable one for the analysis of client errors in therapy contexts, as both ‘repair-ables’ and ‘correct-ables’ occur in these contexts. Repair sequences occur when there is some challenge to inter-subjectivity, while correction sequences relate to the accurate production of some linguistic feature. This section will review examples of repair sequences.

The three data excerpts presented below involve the therapist initiating and/or completing a repair sequence – where the issue is shared meaning. The first two excerpts come from more conversational phases of therapy sessions, while the third comes after the client has indicated a lack of knowledge of the picture he has been asked to name. All excerpts arguably involve the repair of intersubjectivity. The first example of other-initiated, other-repair occurs following an unsuccessful word search by a client who is telling the story of going on a pub-crawl along a coastal road in Victoria that is renowned for its sharp turns and limited visibility. After producing the first three elements of this story (lines 86, 88, 91), the SLT offers a ‘candidate’ (Pomerantz, 1988) synopsis of the main story line (line 92: “so it was like a pub crawl along the Great Ocean”).

Excerpt 6.1: a pub crawl along the Great Ocean

86 C: I went in the pub
87 T: right.
88 C: got(.)|two glasses
  |gestures drinking 2 glasses, moving on and drinking more)
89 T:  
90 C: uhm
91 T: go on to the next pub
so it was like a pub crawl along the Great Ocean

Road.=that must be one of the most dangerous thing

a person [could ever do]=

Heh heh heh

but-

but ah, (3.0) um where (xxx) before they got the

(4.0) um::

Oh I know what you’re trying to say=before they got

the point ‘o’ five limit.=right >but even so:

Yeah

that’s a dangerous place to drive any\s
toward

The client receipts the SLT’s synopsis with laughter, at the point where the SLT has just produced the phrase *pub crawl* (line 92), indicating that the SLT is correct in her synopsis of the gist of his story so far. At lines 97-98, the client tries to counter the SLT’s description of this behaviour as ‘dangerous’ (line 94); he is attempting to specify something about the time when he undertook his pub crawl (“=but ah:, (3.0) u:m where (xxx) before they got the (4.0) u:m”). Following the (4.0) silence that occurs at the end of the client’s turn, the SLT offers a candidate answer in line 99, viz. that the story occurred before the Australian law identified that drivers must have less than 0.05 ml of alcohol in their blood system while driving. The design of this turn (line 99: “I know what you are trying to say”) acknowledges that the client has been searching for the right words and then provides the element of the story that the client has not been able to produce himself (“before they got the point ‘o’ five limit”). The client receipts this repair initiation with an acknowledgement (line 101: “yeah”), produced in overlap with the SLT’s turn. Through her repair initiation, the SLT ensures that the import of the client’s abandoned turn (line 97) is successfully re-established.

Excerpt 6.2 involves a sequence where the SLT combines other-initiated repair, aimed at establishing intersubjectivity, with providing the more ‘correct’ form of the question produced by the paediatric client in his prior turn. At the end of the therapy session, the SLT and the client are tallying up who won a ‘fishing game’ that has been in progress throughout the session, in between therapy tasks.

Excerpt 6.2: who’s got the longest?

now who’s got the longest?
In response to the client’s question (line 143), the SLT produces a follow-up question (line 144), thereby flagging that something about the client’s question requires clarification. Her turn also provides a more appropriate version of the question posed in the prior turn by the client: in dealing with numbers, the word most is more appropriate than the word longest. The client accepts this revision of his initial question and the activity continues. In simply receipting her revision of his question, the client actually responds to the SLT’s question as if it was directed at checking what he meant (intersubjectivity), rather than being a correction. If he had understood her turn as a correction, it is more likely that he would have repeated the original question with the correct word (most) in it (Jefferson, 1987).

The final example, in excerpt 6.3, occurs within the completion of a therapy task, but the SLT’s provision of a word (line 59: “sewing”) to describe the picture is not a correction. Instead, she provides a word that the client indicates he doesn’t know (line 58: “I don’t know”).

Excerpt 6.3: what’s the girl doing?

56  T  what’s the ↑girl doing?
57          (2.0)
58  C  I don’t know
59  → T  oh (.). yo- your nanna does that (.). sewing
60  C  sewing.
61  T  teeth shut
62  C  s:::ewing

The above examples all relate to the maintenance of intersubjectivity rather than to correct production of some aspect of speech or language. Thus, they are examples of ‘repair’. The analysis presented in the next section focuses on sequences that relate to the client getting something ‘right’. In the context of trying to produce a word or sound in response to some task request, any production that does not meet the pre-determined criteria can be seen as something to be corrected.

6.3 Error correction initiated by the client

There are some basic commonalities in the way errors are corrected in SLT task-based interactions. An error occurs, is identified as such by one or other of the interaction...
partners, and then some kind of action is taken to address the error, before the corrected version is acknowledged in some way and the task continues. Despite these commonalities, different patterns occurred in the way the correction of errors are managed, in line with whether the client themselves identified the error and initiated correction, or whether it was the SLT who initiates the correction.

The simplest correction sequence is one where clients themselves notice their own ‘error’ and self-correct. Given the preference for self-repair in everyday conversation, it was noticeable that there were only two examples of self-correction of errors of performance in the data, where self-correction denotes the speaker’s attention to the accurate production of the word. Both examples of self-correction related to tasks focusing on accurate speech. An example is provided in excerpt 6.4, where a young man is reading out a list of multisyllabic words and self-corrects two errors, both of which occur in line 228. On each occasion, he is attempting to read a four-syllabic phrase rather than a four-syllabic word, and each time he re-starts following an initial attempt at the first word in the phrase.

Excerpt 6.4: multisyllabic words

224 T that was good. OKAY The five syllables.
225 C auditorium.(.) cafeteria (.). constuency (.). deteriorate.
226 (.).elementary (.). hieroglyphic investigate (.). imaginary
227 (.).inauguration (.). interrogate (.). irresistible(.)
228 ➔ mem’r- memorial day (.). necessarily (.). past- (0.3) past
229 ➔ participle (.). penitentiary(.). per:tin(.).ancity (.)
230 ➔ qu’rterly report.
231 T °mHmm. yep°

The client’s first attempt at the word memorial (line 228) involves deletion of the second syllable vowel, corresponding to the sequence -or-, which he includes in his accurate production immediately following his re-start. The second phrase that he partially repeats (line 228-9: past participle) seems to involve uncertainty about how to produce the second part of the phrase: his production of the first word is accurate, but this is followed by a short silence before he re-attempts the two-word phrase and produces it accurately.

The nature of this task, namely reading multisyllabic words aloud, provides the client with a structure that enables him to self correct: the combination of visual information, in the form of the written word, and the auditory feedback from each production, without the
need to attend to the meaning of words per se, provides the client with sufficient data with which to monitor his own performances. The complexity of identifying errors on different kinds of language-related tasks is likely to be infinitely more complex than this reading task. The paucity of client self correction of errors may arise from a range of factors: clients may not be aware of the parameters of performance against which they are to measure their own performances; they may not be aware that they have made an error; or they may not have the cognitive capacity to both produce the required task response and monitor it at the same time. Some sense of the extent to which clients are aware of their own errors can be seen in the ways they respond to correction-initiation strategies initiated by SLTs.

6.4 Error correction initiated by the SLT

More commonly, a client’s ‘error’ is identified by the SLT. Identification of errors occurs concurrently with implementing some strategy for initiating a correction of the error. The range of ‘correction initiation’ (CI) strategies that are employed by SLTs will be presented below. These are presented in order of the degree of detail they provide the client for managing the correction of the error, from the least amount (repetition of the first turn question) through to the most amount of detail (instructions of what the client needs to do). SLTs can use various combinations of these strategies to support the client to produce the required word or sound independently.

6.4.1 Using questions to direct the client to answer again

One pattern for directing clients to attempt an answer again is to repeat the original question in some way, thus indicating that there was something ‘wrong’ with the initial response provided. Numerous authors (e.g. Jefferson, 1972; Goodwin, 1983) have identified repetition as one mechanism for initiating correction. In excerpt 6.5, the SLT queries a child’s response to naming a picture, using a WH-question. The child has taken 1.7 seconds (line 28) to think of the name of the picture, and after he does name it (line 29: “a stun”), the SLT produces a request for clarification (line 30: “a What?”)

Excerpt 6.5: a what?

<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>T (presents next picture)</td>
</tr>
<tr>
<td>28</td>
<td>(1.7)</td>
</tr>
<tr>
<td>29</td>
<td>C a stun</td>
</tr>
<tr>
<td>30</td>
<td>T a What?</td>
</tr>
</tbody>
</table>
The task involves the SLT presenting the client, a child, with pictures to name, using words beginning with [s]. Given that the SLT also has visual access to the pictures, she is likely to know that whatever the child has said is an attempt to name the referent in a particular picture. Thus, her question implies that it is the way he has named the referent in the picture that is in error. Moreover, she designs her turn with a view to focusing the child’s attention to the word that is in error (stun instead of sun).

In excerpt 6.6, the SLT uses a repeat of her original question to underscore that the client has not answered the question, and eventually provides the correction herself, following clear evidence that the child has not understood the nature of the task.

Excerpt 6.6: Mrs Smith flies to Melbourne

41 T two. okay" then we’ll go back to five.(.)Mrs Smith (.)
42 flies to Melbourne at midnight. where does Mrs Smith fly?
43 C on the plane
44 → T ye::ah. do you remember WHERE I said Mrs Smith was going?
45 C to the plane
46 → T yeah. so where did Mrs Smith fly to?
47 C midnight
48 T that- it was Melbourne. who flew to Melbourne?
49 (0.3)
50 C ah::: (.) Mi::ssu:s-
51 (0.2)
52 T Mrs Smith. you did well to remember it was a ‘Mrs’.
53 and look? it’s all dark outside, isn’t it? who flies at
54 midnight. let’s have another go.

In lines 41-42, the SLT presents the client with a statement about an image in front of both of them, then asks the question “where does Mrs Smith fly?” The client’s answer is a relevant one (“on the plane”), but it is not the ‘right’ answer to the question. After acknowledging the response, the SLT asks the client if he remembers where she previously said Mrs Smith was going. The client modifies his original answer, changing on to to, but continues to reference the plane. In her third attempt to prompt a correct reply, the SLT redesigns her question to incorporate all elements of the original question design, except the required destination (line 46: “yeah.so where did Mrs Smith fly to?”), but this results in the client giving ‘when’ information in his response (line 47: “midnight”). Following three incorrect responses to questions about the destination of Mrs Smith’s
flight, the SLT provides the required answer (line 48: “that- it was Melbourne”). She then asks a further question, about who flew to Melbourne. In other tasks of a similar kind, the SLT does not ask follow-up questions when the child has provided the correct information. Given that the SLT has mentioned the name Mrs Smith on four occasions to this point, it is plausible to think she was offering the client an ‘easy’ question, so as to balance the difficulty encountered earlier on. When the child struggles to recall the name (line 50: “ah::: (. ) Mi::ssu:s-”), the SLT allows only a short silence following this cut-off partial response before providing the answer. She then attempts to minimise significance of multiple errors by praising the element he did get correct (Mrs) and minimizing the task as ‘silly’ (lines 53-54: “Who flies at midnight?”).

In excerpt 6.7, we see a similar pattern: the SLT positively acknowledges an aspect of the client’s performance, then repeats the initial question to pursue the correct response.

Excerpt 6.7: the pencil needs sharpening

84  T  okay lets have two more cards. you say what I say.
85  C  the pencil(.) needs (. ) sharpening.”
86  T  good. what needs sharpening?
87  C  coz it’s- it’s just blunt.
88  T  yeah. that’s W::HY:: it needs sharpening. that’s
good Harry. that’s why.(.)WHAT needs sharpening?
90  C  the pencil.

The task involves the SLT presenting the child with a simple clause about the action depicted in a picture. The aim is to get the child to repeat the relevant clause element relating to a question that the SLT asks the child. In response to her initial question (line 87: “what needs sharpening?”), the child responds with a ‘why’ answer (line 88: “coz it’s- it’s just blunt.”). The SLT initially acknowledges this response, then produces a range of short turn construction units that twice identify the kind of information the child has given (viz. ‘why’ information) and positively evaluate the information that was provided. Eventually, she repeats her initial question (line 90: “WHAT needs sharpening”) with increased volume on the question word what, to emphasise the type of information she is seeking. This repetition of the original question carries with it the clear implication that, while the SLT has positively acknowledged the answer that was given, the child has not yet answered the specific question asked.
Excerpt 6.8 (below) highlights the challenge a client with aphasia faces in getting people’s names right. In this instance, the SLT does not repeat her original question (line 18: “a::nd >who else have you got with you today<?”), but instead opts to reproduce the client’s response (line 19: “A(.)nita”) in three different interrogative formats, each clearly indicating that the name he gave to the original question is not the correct one.

Excerpt 6.8: who else have you got with you today?

18 T  a::nd >who else have you got with you today<?
19 C  A(.)nita
20 → T  An^ita?
21 C  yers=
22 → T  =ANita?
23 C  Yes
24 → T  have a look at this person here,
25 (0.3)
26 → T  is that little one Anita?
27 (0.8)
28 → T  no::: that is M:::
29 (0.3)
30 → T  M:::
31 C  Pe- t-(.)petuh- Laney
32 T  well done. Me^laney. well done
33 C  \Melaney, ye:::s

When asked who else is with him today, the client names a person in the room, whom he glances at during the micro-silence after the first sound (line 19: “A(.)nita”). The SLT queries this, by repeating the same name with rising intonation (line 20: “An^ita?”). This questioning implies that the SLT knows the answer. When the client affirms his original person reference, the SLT queries the name again, but this time with exaggerated intonation. Once again, the client affirms the original answer. Having attempted to prompt a self-correction on two occasions, the SLT changes tack and asks the client to look at the person he is referring to. He then poses a question (line 26: “is that little one Anita?”). When no response is forthcoming, the SLT answers her own question in the negative before providing an initial sound cue for the correct name, ‘Melaney’ (line 28: “no::: that is M:::”), in what is essentially a ‘designedly incomplete utterance’ (Koshik, 2002). This sound cue helps the client to position his oral musculature correctly, but he produces a voiceless bilabial plosive, then a voiceless alveolar plosive, instead of a voiced bilabial nasal [m] required to initiate the name (line 31: “Pe- t-(.)petuh- Laney”). He
produces two incorrect attempts at the articulation of the consonant in the first syllable, before simply moving on and producing the two subsequent syllables of the name correctly. This attempt at saying *Melaney* is positively evaluated (line 32: “well done”), though the SLT also provides an embedded correction (line 32: “*Melaney*”) to highlight the full production of the name including the initial bilabial nasal, which the client then repeats (line 33), in overlap.

In pursuing the correct response across a number of turns, using a range of strategies aimed at highlighting the error the client has made, the SLT attempts to draw the client’s attention to the error, to enable self-correction. Only after the client has failed to correct the initial error on a number of occasions does the SLT identify the error more directly with a negative evaluation. Even then, she does not overtly correct the client by actually providing the required name; instead, she changes tack to provide a phonemic cue as a further attempt to facilitate the correct production of the name. In this way, the SLT provides multiple opportunities for the client to correct his own error, indicating that the preference for the person who makes the error to be able to rectify the error, defined by Schegloff et al (1977) in relation to repair in everyday conversation, may also apply in this more institutional context.

Correction initiation through use of various interrogative turn designs highlights the occurrence of an error and provide specific information on the location of the trouble source in the prior talk as well as providing opportunities for the client to self-correct. There is an implication inherent in the SLTs questions that the client themselves will be able to identify the required response. This proves correct in excerpt 6.5, where the child is clearly attuned to the task requirement of appropriate production of [s] in word-initial position. In excerpts 6.6 and 6.7, the child has been presented with statements that do contain the information required to answer the question but he is not able to do so without support. His responses indicate that he is not actually aware of the task requirement to restrict his answers to the information he is presented with; instead he answers from his own life experience. In excerpt 6.8, the assumption that the client might be able to recall the name of a family member when prompted is also reasonable, but again it turns out that the client requires more than a repeat question to prompt a correct response. These excerpts support the hypothesis that clients are more likely to be aware of the task parameters and of their own motor-speech performance when *speech* is the focus of the therapy task, but less
likely to be aware of the task parameters, or of their own performance, when language is the focus of the task.\textsuperscript{10}

The next section will provide an example of how providing some kind of description of what the client has done or needs to do can both initiate a correction sequence and provide more information on which the client can base a self-correction.

6.4.2 Descriptions

The use of descriptions to prompt client self-correction was rare, occurring only twice in the data set. In excerpt 6.9, the SLT identifies the error in the client’s attempt to produce the name Gary in an oblique way through a description of the proximity of his response to the required response. When the client produces Cori instead of Gary, the SLT highlights the similarity of these sounds to each other (line 85): [k] and [g] have the same place and manner of articulation, but different voicing.

Excerpt 6.9: they are very close, aren’t they?

82 T well ↓ done. and this one here
83 C (0.4)
84 C /'korie'/
85 → T oh: they’re very close, aren’t they? the /k/ ‘n the
86 C /y::eah
87 T /g/, they’re very very close
88 C Gary and s::Julie
89 T well done.‘much better.=okay=ok=ok=ok=ok concentrate on th’ first

\textsuperscript{10}The aim of this thesis is to provide an initial description of where and how evaluations are produced in relation to client performance on tasks. The patterns described in this thesis come from a range of contexts and represent an important step in understanding the role of evaluations in therapy. Future research would be useful to capture larger data sets from specific areas of professional practice to further clarify of how evaluation practices might vary according to nature of the communication disorder (speech, language, voice, stuttering, swallowing, AAC), and the age of the client. A detailed discussion of these variables is beyond the scope of this thesis.
This cue appears to be sufficient for the client to then produce the correct names (line 88: “Gary and s::Julie”). Thus, the SLT’s comment on the relationship of the sound at the beginning of the name and her subsequent naming and production of both the incorrect sound, /k/, and the correct one, /g/, are both forms of other-initiation which prompt the subsequent self-correction by the client. The client also has some initial difficulty with producing the alveolar affricate /dz/ at the beginning of the name Julie; he begins with an alveolar fricative /s/ before self-correcting and producing the affricate. It is possible that the attention given to the first sounds of ‘Gary’, in her description, are implicated in the client’s attention to his error on the initial sound on the second word in this pairing of names.

In excerpt 6.10, the client is attempting to complete a semantic matching task whereby he underlines words in a list that match a category term. The word cake, for instance, would match the semantic category ‘food’. The SLT repeatedly draws the clients attention to aspects of the task that he appears to have overlooked, by identifying elements of the task that remain to be found.

Excerpt 6.10: there’s one more

154 T there’s one more here.=this one here. (.) c(h)ake. 155 (0.4)
156 T “y’were just about to put a line under that one.”
157 (1.1)
158 C which one?
159 T this one here.(.) ca:ke. It’s a type of food as [well]
160 C oh [take]
161 T yea:p. (.) c(h)ake. something we eat.
162 (0.7)
163 T yep, so we can put a line under there.
164 (0.5)
166 T thanks Ned. beautiful. .HH number three, >what’s that one?<
167 (2.0)
168 C (xx)
169 T what else’ve we got, elephant. I think there’s one (0.20 one
170 more there (0.9) °for elephant, there’s one more,°
171 (5.0)
172 T (really) you have ↑improved ↑so ↑mu:ch ↑Ne:d,

In line 154, the SLT points out that there is one more word that could be underlined as an example of the semantic category ‘food’. The turn begins with description of an element of the task that the client has overlooked, onto which the SLT latches a more specific location (line 154: there’s one more here.=this one here.(.) c(h)ake.) She completes the
turn by naming the item. In highlighting the word cake, in increasingly specific ways, the SLT directs the client’s attention to the overlooked word, as a means of facilitating the client to complete the task. She follows this instruction sequence with a turn designed to suggest that she is simply stating what he was already about to do (line 156: “’y’ were just about to put a line under that one.”). The client’s subsequent query (line 158: “which one?”) shows that it is not clear to him that he has missed a relevant word. A similar action occurs in lines 169-170. Here again, the SLT identifies a word that was missed, this time for the semantic category of ‘elephants’, but in this instance she simply repeats the phrase ‘there’s one more here’ twice, without anymore specific description or location information. In describing what has yet to be done, almost like a running commentary, the SLT is attempting to help the client focus his attention to what he needs to do to complete the task correctly. These descriptions are not always sufficient on their own however, as evidenced by the instruction in line 163 (yep, so we can put a line under there.). This turn begins with an acknowledgement, perhaps of the client bringing his pen closer to the word, then an instruction that is designed in a way that makes the task a collaborative one; the use of the plural pronoun ‘we’ rather than the singular second person pronoun ‘you’ works to soften the level of directness of this instruction.

The ways in which these descriptive, scaffolding actions are implemented is markedly different from the way the SLT does an embedded correction (Jefferson, 1987) of the client’s production of the word cake (line 160: “oh, take”). In response to this incorrect production of the word cake, the SLT positively acknowledges the client’s realisation of which word matches the semantic category term (line 161: “yea:p. (.) c(h)ake. Something we eat.”) and then emphasizes the correct pronunciation of the word through increased emphasis on the first sound. These differences can be accounted for by reference to the focus of the therapy task: the task is designed to build the client’s language processing, namely locating and underlining semantically related terms, not accurate production of individual words. The client has clearly identified one, or more, correct words that match the semantic category word, given that the SLT uses the phrase ‘one more’ in her descriptions of elements that the client has yet to locate. In doing so, the SLT is implying that the client may actually overlook these additional examples if left to his own devices. She pursues his correct location of semantically linked words, in line with the task requirements, but does not pursue his correct pronunciation of ‘cake’.
The use of descriptions implies that focusing a client’s attention to an aspect of task requirements will be sufficient to enable clients to correct actual errors, or errors of omission, but this is not always the case. Descriptions provide more detail than repeat questions about what clients need to focus on to complete tasks correctly, but at times clients also need specific instructions to complete tasks correctly.

6.4.3 Instructions

In this section, I will further explore how SLTs use instructions to initiate correction sequences and shape client self-correction. Instructions provide clear information on which the client can base their attempts to produce corrections. Excerpt 6.11 relates to the correct production of sounds by a child who has a developmental problem with articulation. In this excerpt, the child is being asked to name concepts or things depicted in pictures, with the goal of achieving accurate production of the [s] sound in word-initial position. Following a repair of inter-subjectivity (discussed previously), the child repeats the word *sewing* after the model provided by the SLT in line 59, but the production of the word-initial alveolar fricative is not clear. In her next turn, the SLT provides an instruction regarding the placement of the client’s teeth (line 61: “*teeth shut*”).

Excerpt 6.11: teeth shut

59 T oh(.)yo- your nanna does that,(.) sewing.
60 C s’ewing.
61 ➔ T teeth shut.
62 C s:::ewing.
63 T good. what’s this thing?

The client clearly interprets the simple subject-verb clause (line 61: “*teeth shut*”) as having instructional intent, as it results in a change in the way he initiates the word *sewing* (line 62: “*s:::ewing*”). The instruction regarding teeth placement functions as a guide to how the child can upgrade his production of the target word *sewing*. As such, it is a way of initiating a correction that provides the client with the information required to achieve a more accurate production of the required target – in this case, word-initial [s].

In excerpt 6.12, the SLT instructs the client to repeat his attempt to say the names of members of his family, and describes what he should focus on when doing so (lines 72: *concentrate on the (.) first (0.2) letter*).
This initial instruction does not result in the correct response, so the next instruction (line 74-75: >jes make the shape of that as a mouth for me.) provides more specific detail about what the client needs to do with his mouth in order to achieve the correct response.

The correction initiation strategies described in this section have clearly been employed to scaffold the clients’ efforts to produce linguistic elements of tasks correctly. The following section provides a more detailed exploration of the role of negative evaluative terms, seen in the excerpt above (lines 71 and 74) and in excerpt 6.8 (line 28) in supporting clients to achieve accurate production of required responses.

6.5 Negative evaluation can support accurate production

In one particular context, the use of overtly negative evaluation terms was used to support accurate production. The session involved a client with apraxia of speech following a stroke. One feature of this impairment is difficulty planning the motor movements required to accurately produce speech sounds. As the American Speech-Language Hearing Association (ASHA, 2014) points out:

[People with apraxia] know what words they want to say, but their brains have difficulty coordinating the muscle movements necessary to say those words. They may say something completely different, even made up words. For example, a person may try to say ‘kitchen’, but it may come out ‘bipem’ or even ‘chicken’. The person may recognize the error and try again, sometimes getting it right, but sometimes saying something else entirely.
In excerpts 6.13 and 6.14, we see negative evaluative terms being used as a means of ensuring the client has formulated the correct motor plan before he tries again to produce the required word. These excerpts are taken from an activity where the client is trying to name members of his family, which the SLT has written down in front of her. This activity clearly builds on the difficulty the client has had naming the SLT, his wife and his granddaughter. The excerpts are presented sequentially to show how the SLT combines overt negative evaluations with various cues to assist the client’s production of the correct sounds/words.

Excerpt 6.13: and the eldest brother is...

41 T and the eldest brother i::s,
42     (0.6)
43 C (Da:ve)
44    T n:::- okay. >try again.< it starts with sh:: sound.
45     (0.4)
46 T Sh::|::
47 C |Sh:aun
48 T well done. Okay

The SLT initiates the naming of another member of the client’s family (line 41) through the production of a ‘designedly incomplete utterance’ (Koshik, 2002), a resource for facilitating client engagement in the task. In response, the client produces what sounds like the noun Dave. The SLT follows up with an elongated [n] sound in turn-initial position, before saying okay (line 44). It is plausible to suggest that this elongated “n:::” was the beginning of a no; the cut-off and shift to okay certainly suggests that there was a potential problem with the word beginning with [n]. As Beach (1995) has pointed out, instances of okay “are consistently employed by co-participants as momentary solutions to certain … interactionally generated problems” (1995:191). Jefferson (1984) more precisely defines okay as a resource for moving out of some kind of ‘trouble’. In this excerpt, the potential trouble could either be the production of a bald, turn-initial negative, or it could relate to the trouble the client has had getting the right place and manner of sound production to pronounce the name Shaun. Regardless of which trouble the okay references, the SLT suggests that the client try to say the name again, and then provides specific information about the sound that the name starts with (line 44). Following a non-response by the client
to the SLT’s naming of the required sound [ʃ], the SLT provides a phonemic cue after a short silence and the client produces the required word in overlap with the phonemic cue.

The issue here is not what the client ‘knows’; the issue is how effectively he can generate motor plans for the accurate production of sounds in words, and how accurately he hears and judges the accuracy of his own speech production. The former is the core of his impairment, while the latter goes to his ability to self-repair any errors he does produce. The use of a turn-initial un-mitigated negative term in the sequences under discussion here appears to be focused on supporting the client’s monitoring of sound production, as this will enable him to evaluate – and potentially self-correct – the accuracy of his own performance.

In excerpt 6.14, which is an extended version of extract 6.12, the client is given a range of cues to support his production of the name Lisa: an exaggerated production of the name (line 62), a description of the syllable structure (“two parts”) and a visual cue in the form of a written word to read. However, when he makes a further error, the SLT evaluates the client’s attempt at the name with an overt negative (line 64: “no”) that is latched to the end of the client’s attempt.

**Excerpt 6.14: can you read those words for me?**

```
62   T L::I- SAH. (0.2) try that. two parts. find it on
63             here. on here. okay can you read those words for me.
64   C Seva=
65 →  T =no.
66   C s-(0.2) Lisa
67   T good. ↑↑good. ↑right. lets start over here ‘n we’ll
68             read through the rest of them.
69   C (Caul ‘n Tran)
70 →  T Okay, the first letter (0.3) wasn’t good. go back
71             again an’ concentrate on the (. first (0.2) letter
72   C Caul
73 →  T n-(0.2)no (.). =okay so:: >jes make the shape of that
74             as a mouth for me. it’s a-
75   C Paul
```

When the client makes an error (line 64: “Seva”), the SLT immediately latches a negative evaluation to this turn, which seems to be enough to prompt the client to try again. He
starts his second attempt with the same [s] sound he started the previous attempt with, but notably this time he stops himself and, after a short silence, produces the correct name. When he attempts to read the next in the list of names, he again makes an error with the initial sound, producing Caul (line 70) instead of Paul. Again, the SLT uses okay as a turn preface, signalling her subsequent focus on the nature of the trouble this client is having with producing the name correctly. She points out the mistake (line 71: “the first letter (0.3) wasn’t good”) and suggests he try again, duly concentrating on the initial sound. When the client makes the same error (line 73), the SLT produces a negative evaluation (line 74: “n- (0.2) no (. ok) ay so: >jes make the shape of that as a mouth for me. it’s a:”) before focusing his attention to the mouth shape required to produce the correct first sound [p] – initially with an instruction, and then potentially modelling (off camera) the mouth position for the bilabial [p] with a visual cue. The client then produces the name correctly.

The analysis of these excerpts, all from the same session, shows that a negative evaluation on its own is sometimes sufficient to focus the client’s attention on correct production, though generally negative evaluation elements precede some kind of suggestion or instruction as to how the client can self-correct. The turn-initial negative evaluative elements are not produced with any kind of mitigation or delay as they might if they were examples of dis-preferred responses. Rather, they function as a means of focusing the client’s attention, prior to the client trying to produce the word again, more accurately. Overtly negative evaluation is thus not done on what the client ‘knows’, rather it is done on what the client is ‘doing’ (Koole, 2012) at a particular point in time.

The next section will present data involving overt negative evaluation of some aspect of the interaction. These represent a contrast to the ways negative evaluation elements were used as part of post-expansion sequences initiated in the third turn, as neither of these examples occurred in task completion sequences and both involved the use of laughter – marking them as different to the negative evaluation terms used to focus client attention in task-completion sequences.
6.6 Overt negative evaluation

The paucity of overt negative evaluations is testament to the potential face-threatening aspect (Brown & Levinson, 1987) of such evaluations. In the data, two examples of overt negative evaluations were found. Both occurred in more conversational segments of therapy sessions (where the conversation was the ‘task’). In contrast to the bald, turn-initial use of negative evaluation terms (i.e. no), seen in sequences where the SLT was focusing on supporting a client to produce an accurate self-correction of an error, both instances presented below include laughter as a form of mitigation. It is the use of laughter that denotes an awareness of the potential face threat of negatively evaluating the client, an awareness that was noticeably absent from the bald, turn-initial negative evaluation elements described in the previous section.

In excerpt 6.15, the SLT and the client are discussing the latter’s first weekend home since his car accident. In an attempt to clarify the sequence of activities he has described, the SLT asks the client to identify what day it is (line 98). When he replies that he doesn’t know (line 99), the SLT responds, in the third turn of this sequence, with laughter and then a well-prefaced negative evaluation (line 100: “heh heh heh heh. ↓well ↑that’s ↓no ↑good! ↓”).

Excerpt 6.15: what day is it today?

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<table>
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The actual referent for the demonstrative that is perhaps designedly ambiguous: it could reference either the client’s disorientation in time, caused by his lengthy stay in hospital, or his inability to remember. Either way, the negative evaluation references the client’s state of knowledge (identified by the demonstrative) rather than something that the client has done (Koole, 2012). The negative evaluation also aims at addressing the ‘state of affairs’ at a more general level, and in this light the action is more affiliative: the SLT is “making light of trouble” (Jefferson, 1984: 433). However, the turn includes features of dispreferred responses, namely laughter, the use of a well-preface and the fact that the negative element is pushed back into the turn. The use of well, described by Pomerantz (1984) as a means of
delaying the production of a dis-preferred response, and the laughter work together to mitigate the possible face-threatening action of mentioning any of the above negative possibilities (poor orientation in time, lengthy stay in hospital, poor memory), perhaps because all of these in turn reference the significant injury the client has sustained.

Excerpt 6.16 (below) also includes the use of mitigating laughter, though here the laughter mitigates a much more serious potential face threat: the SLT is reminding the client of something he should already know. The excerpt is taken from the beginning of a recording of a therapy session involving the client, a SLT and the client’s wife. The client uses a combination of gesture and vocalisation (line 10) to reference both his wife and the therapist, upon which the SLT gently rebukes the client for not using words (lines 11-12).

Excerpt 6.16: finger pointing is not acceptable

09 L well done
10 G (gestures and vocalisation)
11 L I’::m sorry (.) but you k(h)no::w that finger poin(h)ting(.)
12 with(h)ou::t any words is not acceptable(0.2) in this room.
13 ↑0::↓k::::?
14 G Right
15 L th- Now could you try and tell me sh::::e? or Dot

The SLT’s turn starts with an apology, which works both to signal that something negative is forthcoming and to soften the impact of the negative evaluation, which does indeed follow. As Goffman (1971) points out, speakers constantly monitor their contributions to interaction for any potential offensiveness, both retrospectively and prospectively. Raymond (2004) claims that apologies can also be used for non-apologising actions. In this instance, the apology prefaced a rebuke, as the SLT goes on to remind the client that gesturing (line 11: “finger poin(h)ting”) without attempting to use words is not acceptable in the context of a speech-language therapy session (line 15: “in this room”).

The SLT’s negative evaluation references the client’s understanding (Koole, 2012) of the implicit ‘rules’ for interaction in the context of speech-language therapy sessions: namely, that clients are expected to use words. The evaluation also references the client’s actual performance, suggesting that more effort is required. In the context of a therapy session, this means words must be used instead of other modes of communication. Throughout the
turn, intermittent laughter particles soften the strength of the rebuke. The timing of this rebuke is also important: it occurs near the beginning of the session. Thus, the SLT is reminding the client of the ground rules which will apply for the remainder of the session, but doing so in such a way as to minimise the potential face threat of not only referencing his impairment (difficulty initiating speech) but also overtly rebuking him.

In both examples, it is the client’s knowledge or understanding that is at issue – not their performance on a particular task. In both instances, the SLTs attempt to mitigate the face-threatening potential of their negative evaluations, indicating their awareness not only of the ways in which their interactions with the client might undermine the client’s sense of self, but also of their therapeutic relationship with the client.

6.7 Correction initiation by a spouse

A number of the therapy sessions recorded had family members and other people also in attendance, though these people rarely enter the therapy interaction in any active way. That makes the following excerpt all the more interesting, as the spouse not only enters the therapy interaction, but also initiates a correction of an error made by her husband. Excerpt 6.17, involves a spouse highlighting the omission of a name in a greeting sequence at the start of a session. The excerpt comes from the beginning of a session, though there is sufficient evidence to conclude that the actual interaction between SLT and client began before the video camera was turned on. Firstly, the client and family members in the room are seated when the video starts; it is therefore reasonable to assume that some form of greeting occurred as they arrived at the SLT room. Secondly, the SLT’s comment in line 3 references the time taken to set up the video camera. There is a degree of artificiality in the way the SLT initiates a greeting ‘on-the-record’ (line 1: “He↓llo”), produced with increased intonation, following two discourse markers (right and so) which both relate to the management of the interaction. The marker right indicates the completion of one activity and signals a shift to a new activity (Gardner, 2007); on the other hand, Bolden (2009) describes so as a preface to actions in contexts “where the activity being launched has been relevantly pending” (2009:976). The activity being launched is the re-starting of the therapy session, for the purposes of recording the session.

Excerpt 6.12: he still hasn’t got your name right

1 T r(h)i(h)ght. ↓S(h):o:: H↓llo
The client responds to this laughter-laced, exaggerated re-starting of the session with an appropriate greeting that concludes with laughter\(^\text{11}\) (line 2: “hello ha ha ha ha ha ha ha ha”\(^\text{11}\)). Likewise, he acknowledges the SLT’s comment about the time taken to set up the video (line 3: “t(h)ook us a while [didn’t it]”) with laughter (line 4) and then he attempts to say something else (line 5). The video shows the client pointing to the SLT as he produces this turn, but this attempt is unintelligible. His wife’s subsequent comment to the SLT (line 6: “>he still hasn’t got y’ name right< though⁹ has he?”) initiates a correction sequence. The design of this turn references a longer time frame: the use of still suggests that the client was unable to say the SLT’s name at some previous point in time, presumably when they arrived and took their seats before the video was started. The SLT immediately orients to this quietly spoken tag question from the spouse, by producing an acknowledgement token in latched position, then directing the client to try again (line 7: “=OK.=try again”). The client complies with this request for another try and produces the appropriate name after a short delay. Notably, the wife’s description of what the client hasn’t done, which initiates the correction sequence, was done quietly and was directed at the SLT, rather than at the husband. This suggests that, even in more ‘social’ conversational exchanges such as this, there is an orientation to the SLT as the person who should ‘manage’ client errors.

\(^{11}\) Laughter can be an important feature of dispreferred responses and a detailed analysis of the ways in which laughter is used in SLT interactions would make a valuable contribution to our understanding of the resources clients and SLTs use to manage difficult moments in therapy. For detailed descriptions of laughter see Phillip Glenn. (2003). **Conversation analysis and the study of laughter.** In: *Laughter in Interaction*. pp. 35-52. [Online]. Studies in Interactional Sociolinguistics. (No. 18). Cambridge: Cambridge University Press. Available from: Cambridge Books Online <http://dx.doi.org/10.1017/CBO9780511519888.004> [Accessed 05 February 2016].
6.8 Concluding comments: The complexity of managing errors

This chapter has provided an analysis of three different types of sequences that involve the management of problems or errors occurring in SLT therapy interactions. It has provided examples of the repair of intersubjectivity, examples of how SLTs use a range of strategies to facilitate the correction of errors of performance, and also how SLTs negatively evaluate errors of client understanding. It has shown that intersubjectivity is repaired in both social and task-related phases of therapy sessions. While repair is part of what SLTs initiate in the third turn, more significant for the completion of tasks is the way in which errors of performance are managed. Errors produced by clients whilst they attempt to complete elements of tasks (errors of doing) are primarily managed in ways that preserve the client’s right to self-correct. The correction of performance errors are generally identified by the SLT, who initiates a correction sequence, such that the client can actually complete the correction in the next turn. Some error correction sequences involve limited disturbance of the momentum of the activity, while others involve multiple attempts to cue the client into the required correction.

Therapists use ‘specific’ correction initiation strategies (Radford, 2008), as opposed to broad generic correction initiators (e.g. What?). The use of specific strategies is a reflection of the fact that SLTs know the answer or response that is required of the client. These specific correction initiation strategies are a manifestation of the SLT’s role in supporting and guiding the client to achieve the desired task outcome. The initiation of correction sequences in ways that support the client to self-correct underscores the primacy of that aspect of the SLT’s role, which appears to be stronger than the aspect of the professional role related to evaluation.

As Simmons-Mackie & Damico (2008) has shown, exposed correction occurs more frequently in impairment-focused therapy and is far less frequent in therapy designed within a functional-social approach. Such correction sequences are an integral part of instructional activities aimed at achieving successful production of specific activities. The analysis in this chapter confirms that instructional activities do involve correction sequences, but I would argue that the SLT’s efforts are directed more at facilitating the client’s ability to achieve successful outcomes than at simply providing the client with the correct answer/response. This is an important distinction, given that therapy activities are
designed to support progress, and as such will inevitably involve activities that might well be slightly beyond the client’s ability to achieve independently.

The challenge for both therapist and client is that any and all correction sequences carry with them some degree of implied negative evaluation. There would be no need for the SLT to cue a client as to how they could correct themselves if the client had actually responded accurately in the first place. The more correction initiation strategies the SLT produces with respect to a single error, the greater the risk that the client will interpret these ‘support’ strategies as forms of negative evaluation. Providing cues in such a way as to minimise the disruption of the task at hand requires the SLT’s ability to identify the underlying reason for the error and to design a correction initiation strategy that helps focus a client’s attention on the most effective way of producing the required response in the next turn. In turn, the selection of relevant correction initiation strategies also presupposes that the client has some understanding of the task requirements.

Clark & Schaeffer (1989) suggest that one important aspect of interaction is the extent to which both parties have shared presuppositions about what is ‘common ground’ (1989:260) or what both parties are likely to know/know about. In a therapy session, as in everyday conversation, the clearest indication that clients share the same presuppositions as the SLT occurs when they build their next turn in a way that shows they understand the import of the SLT’s prior turn. In other words, each time clients use the correction initiation strategies provided by the SLT to self-correct their original errors, they show they have understood the rationale behind the SLT’ use of such strategies. The analysis in this chapter has shown that there are times when clients do not seem to share the SLT’s presuppositions about the nature of the task. This can be seen in those situations where multiple correction initiation strategies are required before clients produce the correct answer/response. Sometimes, clients simply have no idea of what is required, despite the SLTs use of different CI strategies; hence SLTs need to ultimately provide the correct answer/response.

In the manner that SLTs use different correction initiation strategies, we can see something of the assumptions that they hold about the client’s ability to correct. When SLTs use repeat questions, there is an implicit assumption that clients require minimal prompting to identify the error and that they understand what the correct form should be. In describing aspects of performance that the client needs to attend to, the SLTs provide more
information for the client to base a subsequent correction on, without actually identifying
the nature of the error. Thus, using descriptions as a correction initiation strategy carries
the implication that the client has the ability to produce the correct response, with only
minimal guidance from the SLT. Instructions, on the other, imply that the client is not able
to independently produce the correct response, without the specific information about the
aspect of the task that has resulted in the error occurring in the first place. There is some
indication that clients with language impairments require more specific kinds of
information on which to base their correction of errors, than do client with speech
impairments. The latter were more able to produce correct responses after a repeat
question, which provides minimal support about the nature of the error, whereas clients
with language impairments required descriptions and/or instructions to ultimately achieve a
correct response.

The finding that SLTs invest considerable energy in trying to facilitate clients to self-
correct is not simply a reflection of the general preference for self-management of errors
identified by Schegloff et al (1977); it is part of the professional role of the SLT to
facilitate learning. The underlying impetus for supporting the client to self-correct errors is
the development of neural pathways that will eventually enable the client to produce
accurate responses to therapy tasks and, at some future point, to related activities in
everyday interaction. Progress towards whatever goals the client has identified will depend
on the client actually learning to produce the required response to increasingly complex
interactions. Therapy tasks are generally quite uni-dimensional and involve highly
structured sequential patterns; there is usually only one right answer/response. Using
strategies such as the description of features required for a correct response, or instructions
regarding the required response, SLTs present the client with information about what is
required of them. In our dataset, overt correction by the SLT only occurs when the client
has provided ample evidence of the inability to produce the correct answer. As such, overt
corrections are a ‘last resort’, a consequence of the over-arching triadic interaction that is
the bedrock of structured therapy tasks. They do not necessarily help the client to produce
new neural pathways; overt corrections simply bring a sequence initiated by the SLT to
some kind of satisfactory close. In addition, there is a suggestion that there may be a
difference in the way SLTs respond to errors of ‘knowing’ versus errors of ‘doing’. The
two examples involving errors of ‘knowing’ found in the data involved overtly negative
evaluations, whereas errors of ‘doing’ are managed quite differently. This is something that could be explored in more detail with more data.

In the tightly constrained sequential environment that is central to task-related interactions, clients are offered the opportunity to learn primarily by doing, and only occasionally by understanding their own performance and what is required to change this. It is a moot point as to whether such structured interactional environments will necessarily transfer to effective performance in everyday interactions. The next chapter will focus on one particular therapy interaction, where the client was actively encouraged to demonstrate both his understanding of what is required to produce intelligible speech and his ability to use this knowledge to evaluate his own performance on a range of tasks.
Chapter 7: Evaluation in Response Turns

7.1 Introduction

This chapter will explore the ways in which SLTs overtly encourage clients to self-evaluate, by inviting them to do so in the second, or response turn. As discussed in chapter 4, clients respond to questions about their own well-being and other phenomenon, through the production of second turn ‘assessments’ in social sequences at the beginning of a session. Actual examples of client evaluations of their own task performance were a rare phenomenon in the data analysed for this project. All five examples of evaluations of performance in the second-turn of a task related sequence came from the same session. This is markedly different from the occurrence of evaluations produced by SLTs in first turns of sequences, as discussed in chapter 4, and in third turns, as discussed in chapters 5 and 6. The rarity of client involvement in evaluation was unexpected in light of the professional rhetoric around client-centred practice (Law, Garret & Nye, 2003; diLillo & Favreau, 2010; Department of Human Services and Department of Education and Early Childhood Development, 2011) and the importance that the professional literature in speech-language therapy places on client self-monitoring and self-correction as indicators of progress in therapy (Shriberg & Kwiatkowski, 1987; La Pointe et al, 1989:139; Koegel et al, 1992; Owens et al, 2000:149; Kamhi, 2000).

It is precisely because clients were not routinely involved in evaluating their own performances that I believe it is important to explore the one interaction where a SLT did involve the client in evaluation, as a case study of someone attempting ‘best practice’ (Law et al, 2003) and involving the client in all aspects of therapy. As Abercrombie, Hill & Turner (1984) suggest, case studies are an opportunity for “the detailed examination of a single example of a class of phenomena” and, while “a case study cannot provide reliable information about the broader class, … it may be useful in the preliminary stages of an investigation since it provides hypotheses, which may be tested systematically with a larger number of cases” (1984:34). In presenting an analysis of second turn evaluations (STEs) produced by a client in one speech-language therapy session, I acknowledge the particular nature of this interaction. However, this interaction provides us with an opportunity to learn more about the achievement of something that is uncommon in therapy sessions, yet an achievement that is seen to be important for effective therapy outcomes. Attending to the way one SLT asks one client to evaluate his own performances has the
potential to provide some insight into why client self-evaluation was not a more routine part of all the therapy interactions.

In requesting that the client evaluate his own performance, the SLT was responsible for creating the environment for STEs produced by the client. To gain a better understanding of the sequential environments where clients produce STEs of their own performance, it is useful to review the ways in which questions set up an environment for a response, before turning to a detailed analysis of the STEs in context. Accordingly, the layout of this chapter is as follows: initially, I will review the literature on questions and responses (7.2). Then, I will present an overview of the way in which the SLT constructed the requests for evaluation (7.3), before providing a detailed analysis of the second-turn evaluations (STEs) these requests mobilised over the course of one session. To conclude the chapter, I will contrast client self-evaluations of task performance with some examples of clients doing second-turn ‘assessments’, to show how they share their opinions on everyday phenomena.

7.2 Questions and responses

Question-answer sequences represent a common form of adjacency pairs (Sacks & Schegloff, 1973:296). However, what actually counts as a question is something that needs to be identified in each local interactional environment, because simple linguistic definitions do not account for the range of turn types that can be used to ‘do questioning’; turns that have the surface feature of interrogatives do not always indicate that ‘questioning’ is the action that the turn is doing (Stivers & Rossano, 2010). Research has also shown that various turn types involving none of the syntactical features of questions, such as incomplete utterances (Koshik, 2010) and declaratives (Weber, 1989), can all be heard by an interaction partner as mobilizing an ‘answer’ (Stivers & Rossano, 2010) and thus functioning as questions. Erlich & Free (2010) note that the study of questions “has been central to investigations of institutional discourse” (2010:1). They suggest a definition of what a question is that incorporates both functional and sequential considerations: according to them, questions are “utterances that (a) solicit (and/or are treated by the recipient as soliciting) information, confirmation or action … and (b) are delivered in such a way as to create a slot for the recipient to produce a responsive turn” (2010:6).

In their seminal work on ‘institutional talk’, Drew & Heritage (1992) observed that talk in institutional interactions is often characterised by “restrictions on the nature of interaction
contributions” (1992:23). One important way to identify these restrictions is through asking who initiates topics and actions, particularly the types of question-answer sequences, which Drew & Heritage (1992) identify as “often a dominant form within which interaction proceeds” (1992:39) in institutional contexts. While turn-type pre-allocation (Atkinson & Drew, 1979) is not as strong in SLT interactions as in legal (Atkinson & Drew, 1979) or religious (Psathas, 1985) contexts, it is arguable that SLT clients are mostly positioned in the role of ‘answerers’ or responders (Drew & Heritage, 1992:9).

The power of adjacency pairs to move interaction forward is a central element of the ‘architecture of inter-subjectivity’ described by Heritage (1984). The same author (2010) explores the multiple dimensions of questions and claims that questions “set agendas, embody pre-suppositions of the question designer, convey the stance of the speaker and are designed to favour certain, ‘preferred’ responses” (2010:44). In responding to an identifiable ‘first’ turn, an interaction partner fulfils the expectation of response set up in that turn, the expectation being that a person has not only heard the first turn, but has also understood the action that it entails, attempts or ‘does’. First turns not only set up an expectation of a response, but the way a first turn is designed also puts some restriction on the very nature of the response that is expected. A response is ‘designed’, in some ways, by the nature of the first turn. The way a speaker frames the first turn gives a broad indication as to the presuppositions of the person asking the question, as well as to the response which is anticipated or even ‘required’, in order for the ‘action’ that is encapsulated through the first turn to be heard, and to be acknowledged as having been done. Responding to a first turn is thus an opportunity for a participant to demonstrate understanding of the action being done by the first turn and to show their stance towards that action, through the extent to which they accede to the action demands. Notwithstanding these constraints on what counts as an acceptable response to the way the action of the first turn is designed to be heard and responded to, participants also have resources for constructing a response that shows their own beliefs and understandings in ways that may or may not be in complete alignment with the objectives of the first turn (Heritage, 2012).

In producing a turn that is ‘hearable’ as an answer, the current speaker is also displaying an understanding of the prior turn as a question (Sacks et al, 1974). Thus, questions and their
answers are mechanisms through which we can view the intersubjective understanding between speakers as well as their epistemic status as ‘knowers’. Producing an answer that ‘fits’ the question (i.e. the action launched by the first turn) is thus more complex than it can seem on the surface, requiring a fine-grained sense of the trajectory of the interaction and the social roles and epistemic rights of both participants.

**7.3 Second-Turn Evaluations of task performance**

The therapy session that contained all the STEs of task performance by the client took place in the client’s home. The client has dysarthria, an impairment of speech production, following a motor vehicle accident. As noted by Miller (2010), speaking “entails balanced control of the muscles of the abdomen, diaphragm and chest wall (respiratory subsystem for speech); the intrinsic and extrinsic muscles of the larynx (laryngeal, phonation subsystem); the velum and pharynx (velopharyngeal, resonance subsystem); the tongue, lips and mandible (articulatory subsystem)” (2010:1). Dysarthria arises “when nervous system disturbances alter the normal generation, pattern and transmission of nerve impulses to muscles; this in turn affects the tone, power, coordination of movements of any or all of the muscles involved in producing voice and speech; and this in turn alters the range, rate, force, sustainability of articulatory movements” (2010:1)

The discussions between the client and therapist indicate that therapy has been ongoing for some time, though no exact details of the length of their therapeutic relationship are available. The session involves numerous activities related to improving the client’s intelligibility during speech, including reading multi-syllabic words, putting these words into sentences, and exercises for improving control of volume. The session begins with a discussion of a survey that is to be sent to people that the client communicates with regularly; the survey addresses how the client uses various strategies for managing intelligibility in communication with his regular communication partners. Prior to commencing the first set of tasks for the session, the SLT asks the client to reiterate the strategies that he has been practising to make his speech more intelligible before they embark on the tasks listed above.

**7.3.1 Setting performance parameters**

Excerpt 7.1 sets up the parameters for relevant performance on the tasks that the client is completing during this session. As such, it is important to subject it to analysis even though
there are no evaluative turns in this sequence, as the strategies that the client identifies can be seen as a set of parameters to guide his performance on tasks. The excerpt begins with the closing down of some administrative tasks, and the identification of the first task, involving three-syllable words.

Excerpt 7.1: setting up parameters

14 T: that’s fair enough, (0.6) tch hhh OKAY (.). 
15 ↑↑:remember about you:::or, (0.6) long ↑words? (0.4) (see) 
16 multi-syllabic ↑words? 
17 C: yeah 
18 T: hh where are they hiding, (3.0) [[recorder clicks]] okay (.). so::: (0.8) ↑let’s ↑start with the <three:: syllable 
19 ↑o:::nes> 
20 C: are[↑they] 
21 T: [↑yes,] 
22 (0.4) 
23 T: yep (.) the [three syll]able ↑ones? okay ↑what are you 
24 C: [yea:::::hi] 
25 T: concentrating on when you: (0.4) do these 
26 (0.6) 
27 C: loud ↑voice, 
28 T: mm↑hm 
29 C: mm:: (. ) clearing my ↑throat (0.4) say every:: (1.0) every 
30 syllable, (0.6) corre:ct- (0.4) corre:ctly? 
31 T: mm ↑hm 
32 C: mm::::::, (2.4) "breath" 
33 T: fantastic (. ) [yeah] 
34 C: [yea:::::hi] 
35 T: deep breaths, 
36 (0.2) 
37 T: "Okay" (0.7) Let’s just read through them fir::st (0.8) and 
38 then "we’ll put them- 
39 (0.3) 
40 C: yeah 
41 T: we’ll use them a bit differently.

Having located the word list (line 18-19), the SLT asks the client to identify what he needs to concentrate on while reading the list (lines 24-26: “what are you concentrating on when you do these?”). The client identifies four things that he will concentrate on: “loud voice” (line 28), “clearing my throat” (line 30), “saying every syllable correctly” (lines 30-31) and “breath” (line 33). The SLT receipts the list in progress with what Jefferson (1984) refers to as ‘passive recipiency markers’, namely mmhm or mm, and then positively evaluates the full list (line 34: “fantastic (. ) yeah”). Though she
does expand the client’s production of “breath” (line 33) to “deep breaths” (line 36),
she does not in any way indicate that he has left out any aspects of performance that he
needs to ‘concentrate’ on during the completion of the subsequent tasks.

Thus, the strategies that the client and SLT agree will help him to produce his most
intelligible speech relate to his breath support for speech, which will enable him to produce
talk at an acceptable volume, to clear articulation of every syllable and to keeping his
throat clear of any build-up of saliva. The next section will provide an overview of the turn
designs used by the SLT to elicit evaluations of performance from the client. The
subsequent section contains a detailed analysis of the evaluation sequences in their
sequential context.

7.3.2 Design of evaluation requests

In the course of completing a series of therapy tasks, the SLT asks the client to evaluate his
performance on five different occasions, and then once asks him to evaluate his overall
progress over time. Each of these six requests is presented below.

Request 1: Reading three-syllable words

T: very good, (0.4) okay stop there for a 珺seːc,(0.4) 珺how would you rate
those, (0.6) so on a scale of zero to teːn (.) ten being< (.) the
珺best (0.6) speech you’ve ever doːne,

Request 2: Reading four-syllable words

T: well done (0.4) how would you rate those ones,

Request 3: Story generation

T: how ↓clear do you think you were?

Request 4: Modifying volume on single sound

T: how >[did you]< find that,

Request 5: Reading aloud from magazine

T: HOW D’YOU FIND THAT?

Request 6 : Discussion of progress
T: do you think that your voice has improved since then? (0.6) you can get louder [since that time]

Syntactically, the requests for evaluation of performance on a specific task (requests 1 to 5) are produced through interrogatives beginning with how. Thus, these five requests mobilise a response that relates to the manner or extent of something about the client’s performance. The introduction of a rating scale constrains the response options for requests 1 and 2, requiring the client to use only numbers on the rating scale. Request 3 also involves some kind of rating scale, namely clear/not clear, which is a less precisely defined scale than the 0-10 scale used for requests 1 and 2. Requests 4 and 5 allow the client to construct a response without significant constraint. The request for the client to evaluate his overall progress (request 6) with speech intelligibility (referred to as ‘voice’) involves the use of yes/no questions, thereby significantly constraining the answer that the client can give. As Heritage & Raymond (2012) point out, yes/no questions represent a source of tension, for both interaction partners, as “polar questions, while acknowledging the epistemic rights of respondents, also tend to restrict the exercise of those rights” (2012:5).

All requests presuppose that the client is able to answer: by asking him to evaluate his own performance/progress, the SLT indicates that she believes he is capable of doing so. Thus, the client is constructed as someone with epistemic access (Heritage, 2012) to the assessable entity (Goodwin & Goodwin, 1992), in this case his own performance, as well as with meta-cognitive awareness (Meichenbaum, 1985) enabling him to recall aspects of performance following the completion of a task. The verbs used in these requests foreground epistemic issues, in that all three of them (rate, find, think) highlight the need for the client to engage in internal consideration of his performance. The verb rate signifies the ability to measure something against a standard (Oxford Dictionary, n.d.), in this case a 0-10 scale, while find is more generally about what can be discovered through experience (Oxford Dictionary, n.d.). Both of these verbs are addressing the client’s subjective understanding of his own performance. The verb think is an epistemic verb, specifically highlighting what the client knows. Louro & Harris (2012) established that I think is a widely used epistemic/evidential phrase in Australian English, and Mullan (2010) suggested that this phrase is predominantly used to express some kind of ‘organizational function’. In the context of asking a client about his performance, the use of do you think...
may well be working to achieve some kind of intersubjective agreement about the client’s progress.

In summary, in designing her requests for evaluation, the SLT uses a range of turn designs, the majority of which constrain the client’s response in some way. There is a shift, in the course of the session, from more tightly constrained scale options (requests 1 and 2), which directly reference the client’s performance, to more general request options (requests 2 to 5), which could equally relate to task and/or performance. In the following examination of STEs of client performance, I will describe and analyse the sequential location and structure of the STEs, before discussing potential implications for the relationship between SLT and client. I will present each of these request segments in the order in which they appear, including all or some of the previous task to provide some indication to the reader of how the client performed, and thus what the SLT request was in response to. This analysis will show that requesting and providing STEs involves significant tensions for both interaction partners, not least because they do not seem to share a common understanding of what constitutes a ‘good’ task performance.

7.3.3 STEs on multi-syllabic word reading task

Excerpt 7.2a involves the reading aloud of words consisting of three syllables and is immediately followed by excerpt 7.2b, which contains the first STE sequence. This first task sets something of a pattern that the SLT repeats for most, but not all, of the subsequent tasks completed in this session. I have presented the data of the client reading, in addition to the actual evaluation sequences, to allow for the client’s evaluations to be linked back to the client’s actual performance.

Excerpt 7.2a: three-syllable words

43  C: okay (0.6) copy↑right,(.)dom↑inate,(0.4) elev↑ate,(.)
44      estim↑ate,(.) irri↑gate, (0.4) irri↑tate,(0.4) iso↑late,(0.4)
45    → kilowatt,(0.4) m:(.)minuet,(0.6) motor↑boat,(0.4) nomin↑ate,
46      (0.4)iso↑lot,(0.6) om↑lette,(0.4)opposite,(0.6) overcoa:t,
47      (0.4) parachute,(0.4) para↑keet,(0.6) parasite,(0.6)
48    → patriot,(0.4)pen↑trate,(0.6)powerboat,(0.8) pro↑hibit,
49      (0.4) radiate,(0.4) regul↑ate,(0.6)rollerskate,(0.4)
The client produces this list of 30 three-syllable words in a clear volume, with varying silences between each word. Some longer silences (e.g. line 48: 0.8) give some indication of when he is taking breaths, though without video recording this is hard to confirm. One word (line 45: minuet) is produced with a re-start and another word (line 51: tolerate) is produced with some slurring of the second syllable. The SLT receipts the reading of words with a very good (line 52, below) and then signals a change in activity through the use of an okay-preface (Beach, 1993) in a turn where she calls a halt to the reading activity (line 52: “okay stop there for a sec,”). The activity which she launches in her next turn is to ask him how he would rate his reading “on a scale of zero to ten” (line 53).

Excerpt 7.2b three-syllable words (cont.)

52  T:  very good, (0.4) okay stop there for a sec, (0.4) how would you rate those, (0.6) so on a scale of zero to ten (. ) >ten being< ( . ) the best (0.6) speech you’ve ever done,
53  → C:  yeah, ( . ) probably about, (2.0) since the accident or before it,
54  T:  since (0.6)
55  → C:  probably eight or nine,
56  T:  okay ( . ) and what about before
57  (2.0)
58  → C:  before the a:-- my (my) (?) ( . ) probably about eight,
59  T:  okay (0.6)
60  → C:  before the accident it would have been a (0.8) big fat ten!
61  T:  big fat $ten$?
62  C:  yeah:::::h,
63  T:  so you think before the accident (0.6) you would have said all those ( . ) ten perfectly?
64  C:  yeah:::::h,
65  T:  and now you think they’re around about ( . ) an eight
66  (0.4)
67  C:  yeah:::::h them (short) words yeah, (0.6) hh depends what
76  mood I’m in,
77  T:  yep,
78  C:  as well like (0.4) if I’m tired or something
79  T:  yeah
80  C:  then it deteriorates
81  T:  "yeah" (.) that’ll be interesting to f[ind] out from=
82  C:  [mm,]
83  T:  survey: y cos that’s one of our questio: ns
84  C:  oh yeah?
85  T:  about you- ""remember when we made up this survey: y?
86  C:  mm: [::: ye:::::h]
87  T:  [so one of them]is about (0.6) um which number is it,
88  C:  "depends if I’m tired or I say things too fa:[::st for,°]
89  T:  [the first] one
90  do you find Ben’s speech difficult to understand when he’s
91  tired
92  C:  yea:::h [an- als- ] (0.6) also when I speak fast,
93  T:  [>it’s a bit<]
94  T:  when you speak fast (0.4) [yes,]
95  C:  [some]times I speak fast,

The presence of the turn preface so (line 53: “so on a scale of zero to ten”) suggests that the issue of rating is both a new topic (Howe, 1991:93) and “a course of action … oriented to by the interlocutors as having been pending or relevantly missing” (Bolden, 2008:996). If rating was a routine activity in therapy sessions, it is more likely that the SLT would remind the client of the parameters he was to rate himself on. Here, however, she constructs the parameters of the rating scale in a rush-through, following a short intra-turn silence, and identifies the optimum rating as “the best speech you’ve ever done” (line 54). The client doesn’t wait to hear what the other end of the scale is, but commences his response before pausing for 2.0 seconds (line 56: “yea:::h, (.) prob’ly about, (2.0) since the acci: dent or before it.”). The silence is longer than the ‘standard maximum’ silence of approximately one second described by Jefferson (1988), and signals that the client is thinking about how he will rate his performance. Following this silence, he double-checks whether the SLT was referring to his best speech since the accident or before (lines 56-57). He thus draws attention to the time frame against which performance is to be evaluated, which indicates his ongoing
orientation to his speech prior to the accident. It also provides further evidence that the activity of ‘rating’ is not one that they have pursued previously.

When the SLT clarifies the time frame for evaluation as since the accident, the client rates his reading on the list of words positively, as being “probably eight or nine” (line 60). The SLT then asks the client how he would rate his speech on the prior task against the parameter introduced by the client, namely his speech before the accident. This change in time reference also signals a change in the activity; the initial rating scale referred to his best speech since the accident, whereas the client is now being asked to rate his overall progress in relation to returning his speech to pre-accident ability.

The client begins to answer (line 65), but halts his turn to go back and downgrade his current reading performance, saying it would be “probably about 8”. He contrasts this current performance with his speech before the accident (line 66: “before the accident it would have been a (0.8) big fat ten.”), identifying the latter as “perfect” on the rating scale he has been given. The SLT repeats the final part of the client’s evaluation, relating to his speech prior to the accident, with a smiley voice, in both an affirmation of his evaluation and a request for confirmation. The client affirms this in his next turn with an elongated “yeah”, but before he can add more to this turn, the SLT links her next comment to his prior one with a turn-initial and, with a view to clarifying that he did repair his own initial evaluation to just “about an 8”. The client takes up the call for clarification, implicit in the SLT’s two prior turns, by identifying how his talk now is different to what it was prior to the accident. He provides evidence, across a number of turns, about how his speech is different; pointing out that feeling “tired” or in a particular “mood” can cause his talk to deteriorate as does talking “fast”. The SLT does not comment on the evidence he presents, she merely receipts each (line 77: “yep”; line 79: “yeah”; line 81: “yeah”), and then re-orient the client to the survey discussed at the very start of the session (line 81), thus invoking his regular communication partners as potential arbiters of his intelligibility, rather than evaluating these herself.

The client accepts the epistemic right to evaluate his own performance, and does so positively (eight out of ten), while also displaying an acute awareness of the factors that can make his speech less clear. The discussion of these factors highlights a disjunct between these and the rating scale he has been asked to use. The scale focuses on overall
performance on the whole list, whereas his attention is on the errors he has made. He also identifies that there are in fact two benchmarks against which he measures the clarity of his speech: his best speech since the accident, and what his speech was like before the accident. Noticeably, after setting up, at the start of the therapy tasks for the day, a set of performance parameters that the client is to keep in mind while he reads the three-syllable words, the SLT does not then invoke these same parameters when it comes to evaluating his performance on the task. While it is arguably difficult for anyone to recall either how many times they cleared their throat or the depth of breath they took while reading, it is plausible that the client could have identified the volume of his speech, and whether he said every syllable correctly. Instead, the SLT continues with a 0-10 rating scale across the next two reading tasks.

The next excerpt, 7.3a, begins approximately 30 lines later, following a discussion of the client’s singing practice. At the beginning of this task, involving reading four-syllable words (see below), the SLT reiterates that the client needs to concentrate on the “same things” (line 123), on “getting all those sounds in there” (line 125). Once again, the entire task is presented to enable the reader to get some indication of how the client performed this task, given that the client is being asked to rate his performance on the whole task. Following this, the actual request for evaluation will be analysed (excerpt 7.3b).

Excerpt 7.3a: four-syllable words

122 T: _oka::y (_) have a go at the fou::r syllable ones,
123 concentrating on the _sa::me thi::ngs
124 C: _yea:::h
125 T: getting all those sounds in there
126 (0.4)
127 → B: _consisten^cy, (0.4) _constu^ent, (0.4) _constitution, (0.6)
128 custodian, (0.4) _customary, (0.4) establish^ment, (0.6)
129 grocery _store, (0.4) _historian, (0.4) hysterical, (0.4)
130 → _instit^ion, (0.8) _institu^tion (0.6) interesting, (0.4)
131 investi^gate, (0.4) misunderstand, (0.4) misunderstand^ed,
132 (0.4) optimis^tic, (0.4) _pessimistic, (0.6) posterior,
133 (0.6) questionable, (0.4) readjustment, (0.4) realistic
134 (0.6) _so:lar _sys^tem (0.4) superstition, (0.6) testimony,
135 (0.4) tradition^al, (0.4) tranquillity, (0.6) transform(x),
The client produces the 31 words in this list with good volume and articulates syllables correctly in all but two words. The word “constuent” (line 127) only has three syllables, and is most likely a rendering of the word constituent, which has four syllables; “institution” (line 130), which was initially produced with a slurred third syllable, is then repeated with emphasis on the third syllable. At the end of the client’s reading, the SLT receipts his performance with a very good (line 138, below), which the client receipts with an elongated “mm:::” in a quiet voice. This receipts the SLTs talk but at best signals weak agreement (Pomerantz, 1984; Lerner, 1996) with the SLT’s evaluation, and a ratification of the receipt of her commen.

Excerpt 7.3b: four-syllable words (cont.)

138 T: very good,
139 B: “mm:::,”
140 T: well done (0.4) how would you rate those ones,
141 C: .hh (3.0) na:::h (0.4) the three “syll”able y’know the three syllable ones,
142 T: hm ↑mm,
144 C: I think they’ll be: (. ) not an eight (0.4) they’ll be prob’ly a ( . ) six or se▶ven?
145 T: oh you’re taking them down now,
147 C: yea:::h even ev’n (. ) these ones too cos (0.6) “it’s a bit slow sometimes” (0.6) y’↑know?
149 T: yeah
150 C: so: yeah, (3.2) so::: .hh (0.8) like some words I get really caught up with like u:::m, (0.6) institution,
152 T: an- you went back and corrected yourself on [that one]
153 C: [yea:::h]
154 yea:::h
155 (0.6)
156 yea[:::h]
157 T: [that] was good (. ) okay the five syllables.

When the SLT asks “how would you rate those ones” (line 140), the client takes an audible in-breath, signalling a response is imminent, but then silences (line 141) for three
seconds. Following this silence, he does not immediately evaluate his current performance, but returns to discuss the previous list of three-syllable words and to revise his previous rating of how well he produced that list (lines 144-145: “I think they’ll be: (.) not an eight (0.4) they’ll be prob’bly a (. ) six or se’ven?”). He applies the revised rating of three-syllable words (“prob’bly a six or seven”) to his reading of four-syllable words as well – because they were “a bit slow” (line 147-148) and because he got caught up (lines 150-151) on one word (institution). The SLT emphasises his use of self-repair (line 152: “an- you went back and corrected yourself on [that one]”) by linking her turn to his prior one, through the use of a turn-initial and. In doing so, she implicitly acknowledges that he needed to repeat the word institution, but balances this ‘error’ with the positive feature of his performance, namely his ability to self-correct.

This excerpt reveals that the client is well able to identify aspects of his own performance that are less than optimal (“a bit slow” and “getting caught up”), but also that he is keenly aware of the errors that he has made, which are in fact only a small percentage of the whole list. Through linking his skill at self-correction back onto the client’s negative evaluation of his speech on this task, the SLT draws attention to the strategies that he is using to ensure clarity of speech. Through this linked turn, the SLT is effectively countering the client’s negative evaluation. In doing so, the SLT highlights a difference in how she and the client orient to ‘errors’: she is concerned with how he manages errors that occur, while the client is simply concerned that he has made errors at all.

In the next task, reading five-syllable words, the client makes more errors (highlighted in bold) than on previous tasks, and self-corrects on four of the seven errors made. It is striking that the SLT does not continue the patterns she seems to have established with the previous two tasks, and does not ask him to self-evaluate. She does acknowledge the completion of the reading with a 2-part evaluation (line 176: “very goo:::id (0.4) well done”), which the client acknowledges with a drawn-out receipt token (line 177: “mm:::::,”). Produced as it is with continuing intonation, this response is an example of what Gardner (1997) refers to as an indication that incipient trouble is emerging (1997:151) or that there is a need for “further talk” (1997:132) on the subject at hand – his performance.
The SLT responds to the client’s equivocal acknowledgement (line 177: “mm:::::::,”) of her third-turn positive evaluation by producing her own rating of his performance (line 178: “>I would rate you< much higher than a °six or a seven for those°”) and she does so in a rush-through, as though to put her own evaluation on the record before he produces one. There is evidence in the client’s subsequent turn that he only partially agrees with her positive evaluations, as he restricts his agreement (line 180: “.hh yeah for these last ones yeaaa:h (. ) bu-”) to only some of the words he read. The fact is that the client has made more errors on these five-syllable words than he has done on previous tasks, and thus a negative evaluation of his performance is more warranted on this task. By pre-empting a potential negative evaluation, through producing her own positive evaluation first, the SLT may well be orienting to the fact that he has self-corrected most of the errors he made. The client does not seem to be orientating to self-correction as a
positive aspect of performance, however – as he only agrees to a positive evaluation of the ‘last ones’, the words that he produced without any errors at all.

**7.3.4 STEs of multi-syllabic words in a story generation task**

The next excerpt including a STE from the client begins towards the end of a task that involves the client stringing a range of multi-syllabic words together to create a ‘story’. In her introduction to the task, the SLT points out that it is a task where the client has previously had more difficulty maintaining clarity of speech. In data not shown, the SLT simply asks the client to use either the four-, or five-syllable words in a sentence, but the client chooses to “do what I did last time”, and combine sentences into a story format. This increases both the linguistic and cognitive demands on the client, as he must maintain a focus on intelligibility while also creating a story using potentially unrelated words. The increased cognitive demand of creating the story is likely to impinge on the effort required to produce clear multi-syllabic words in connected speech.

**Excerpt 7.5: story generation**

230  →  T  HAH.hah. you tell a great story Ben.
231   C  then as I then we wor- we began making the cakes
232    together and then- we were making chocolate mud
233    cakes and- (0.?) and um (.) we put cream on
234    top of them and- (0.?) an’ the cream we- began to
235    deter’orate into the muffins.
236  T  yep that’s okay.
237  C  yeah and [ um-
238  T  xx
239  C  and so we had a great (0.?) we had a great stall
240  that day=
241  T  = mmmhmm=
242  C  =we made a lot ev money.
243 T  well done. stop there.
244  →  T  thâťat was good
245  C  [And-
246  →  T  hař’d to put them into sentences isn’t it?
247  C  [hnnn
248  T  Yeah
249  →  T  .hh.heh it was verřy good try though
The evaluation sequence is highlighted in grey. In line 251, the SLT asks the client to evaluate his performance. The design of this question ("how clear do you think you were?") is responsive to a number of factors in the task and prior talk. The use of the adjective clear orients to the difficulty in rating individual words in the environment of a story, and sets up a more general rating schema, 'clear' versus 'not clear'. The SLT's question is also shaped by the prior talk of the client, namely his minimal responses to her prior positive evaluations. She has positively receipted his effort (line 243: "well done") and positively evaluated his performance (line 244: "that was good"). Both are evaluative phrases, but their indexicality is unclear – it could potentially refer to the story-generating skills as much as to the production of clear multi-syllabic words. The indexicality of hard (line 246: "hard to put them into sentences isn't it?") could also potentially be referencing either the story-generation aspect of this task, or the difficulty of producing longer words clearly within a creative story generation task. Given that the SLT has overtly indexed his story-telling capabilities with a positive evaluation in line 230, the shift from the positive constructions (lines 180, 243, 244) to negative ones, "hard" (line 246) and "very good try though" (line 249), suggests that it is the clarity of longer words that the SLT is referencing in these latter two evaluations. Thus, she has asked the client to rate himself (line 251) in an environment where he has been given mixed signals about his performance on this task. She has also changed the style of rating from the 0-10 scale used previously to a broader rating framework, namely clarity of speech.
The client’s response to the evaluation request is delayed both by a silence (line 252) and by a minimal response token (line 253: “mm::”). The client then evaluates his performance on “some” words in the story as “a bit shaky” (line 253). This negative evaluation is commensurate with the difficulty he had producing some multi-syllabic words but, once again, the SLT syntactically links her next turn to this negative evaluation, thereby highlighting the strategy that was used, namely self-correction (line 254: “an’ on some you went back and corrected yourself.”). This linking of a sentential-unit assertion to the end of the clients turn has features in common with the way Bolden (2010) describes and-prefaced assertions in everyday interactions and with the way to Heritage & Sorjonen (1994) discuss and-prefaced questions in medical interactions providing a mechanism to pursue some kind of institutional ‘agenda’. The assertion, that the client ‘went back and corrected’ himself, has a direct relationship with the client’s statement about his ‘shakey’ performance on some words, but it is not clear that the SLT is articulating something that the client has inferred in his prior turn. The SLT’s assertion acts more as a proposal for a different way to view the client performance, perhaps even a proposal for what the client should/could be attending to in his performance. There is evidence later in this turn and on other evaluation sequences that ‘management of errors’ is something of an agenda for the SLT. In designing a linked turn that proposes a new way to look at the client’s performance as a request for confirmation, the SLT also encourages the client to agree with this perspective on his performance.

The client acknowledges this aspect of his performance, but the stretched vowel is perhaps an indication that he is not completely in agreement with the implicit positive evaluation in the SLT’s linked extension. The SLT responds, in overlap with his yeah, to evaluate his correction of errors more overtly (line 256: “that w’s good”) and, in lines 259-261, goes on to provide a more detailed account of what was good, in the form of a three-part list:

“So you’re- you’re more aware (.). you are starting to pick up (.). when you’re not saying things properly (.). and going back to correct yourself.”. Bolden (2003) claims that so, in turn-initial positions like this, “guides the addressee to see the action initiated by the ‘so’-prefaced turn constructional unit as having ‘emerged from incipiency’” (2003:975). Self-correction was not overtly discussed when the SLT and the client were referring to strategies at the beginning of the session, but the repeated reference to self-correction, both through linked turns (and-prefaced turns) and
here with the use of a so-preface, suggests that identifying, and self-correcting, errors in his own performance may be another strategy that the SLT wants the client to use.

In summary, this excerpt shows the client, when asked to do so, asserting his epistemic right to evaluate aspects of his own performance negatively, and the SLT emphasising positive elements of his performance, rather than agreeing with the client’s negative evaluations. The SLT draws attention to self-correction for the second time in the session, as a strategy for managing errors when these do occur.

### 7.3.5 STE of performance on volume tasks

The next task where the SLT asks the client to evaluate his performance is one where he is producing individual sounds with variable volume. Rather than continuing with either of the rating schemas that she has used previously, the SLT asks a more open question at the end of the first task (line 299: “how >[did you]< find that,”).

Excerpt 7.6: waves coming in to crash

<table>
<thead>
<tr>
<th>Line</th>
<th>T:</th>
<th>imitate the waves coming in to crash on the</th>
<th></th>
<th></th>
<th></th>
<th>292</th>
</tr>
</thead>
<tbody>
<tr>
<td>293</td>
<td>T:</td>
<td>imitate the waves coming in to crash on the</td>
<td></td>
<td></td>
<td></td>
<td>293</td>
</tr>
<tr>
<td>294</td>
<td>T:</td>
<td>imitate the waves coming in to crash on the</td>
<td></td>
<td></td>
<td></td>
<td>294</td>
</tr>
<tr>
<td>295</td>
<td>T:</td>
<td>imitate the waves coming in to crash on the</td>
<td></td>
<td></td>
<td></td>
<td>295</td>
</tr>
<tr>
<td>296</td>
<td>C:</td>
<td>yea:</td>
<td></td>
<td></td>
<td></td>
<td>296</td>
</tr>
<tr>
<td>297</td>
<td>T:</td>
<td>imitate the waves coming in to crash on the</td>
<td></td>
<td></td>
<td></td>
<td>297</td>
</tr>
<tr>
<td>298</td>
<td>T:</td>
<td>imitate the waves coming in to crash on the</td>
<td></td>
<td></td>
<td></td>
<td>298</td>
</tr>
<tr>
<td>299</td>
<td>T:</td>
<td>how &gt;[did you]&lt; find that,</td>
<td></td>
<td></td>
<td></td>
<td>299</td>
</tr>
<tr>
<td>300</td>
<td>T:</td>
<td>how &gt;[did you]&lt; find that,</td>
<td></td>
<td></td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>301</td>
<td>C:</td>
<td>a:::[:h]</td>
<td></td>
<td></td>
<td></td>
<td>301</td>
</tr>
<tr>
<td>302</td>
<td>T:</td>
<td>[you] were running out of breath &gt;a bit&lt;</td>
<td></td>
<td></td>
<td></td>
<td>302</td>
</tr>
<tr>
<td>303</td>
<td>T:</td>
<td>yea:::h</td>
<td></td>
<td></td>
<td></td>
<td>303</td>
</tr>
<tr>
<td>304</td>
<td>T:</td>
<td>yea:::h</td>
<td></td>
<td></td>
<td></td>
<td>304</td>
</tr>
<tr>
<td>305</td>
<td>T:</td>
<td>yea:::h it was okay,</td>
<td></td>
<td></td>
<td></td>
<td>305</td>
</tr>
<tr>
<td>306</td>
<td>T:</td>
<td>yea- let’s have a- another go at that one,</td>
<td></td>
<td></td>
<td></td>
<td>306</td>
</tr>
<tr>
<td>307</td>
<td>T:</td>
<td>yea- let’s have a- another go at that one,</td>
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<td>307</td>
</tr>
<tr>
<td>308</td>
<td>T:</td>
<td>yea- let’s have a- another go at that one,</td>
<td></td>
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<td>308</td>
</tr>
<tr>
<td>309</td>
<td>T:</td>
<td>yea- let’s have a- another go at that one,</td>
<td></td>
<td></td>
<td></td>
<td>309</td>
</tr>
</tbody>
</table>

The design of the evaluation request (line 299: “how >[did you]< find that”) presents the client with a much more general scope for rating his performance. The use of *find*, in contrast to the previous use of *rate*, suggests that there is a difference between the word reading tasks he completed previously and the current modifying volume task. Being asked to provide a rating implies that the client has had sufficient practice on the reading tasks to
be able to rate his performance, and also that there are enough positive aspects of performance to warrant rating. Asking how he *found* this current task indexes the task itself, more directly than it does his performance on the task, and suggests that there are not enough positive aspects of this performance to warrant rating. The client commences a turn (line 300: “I:::::,”) in overlap with the SLT’s query in the previous line (“How did you find that?”). The regularity of her use of *how*-questions to request evaluations may account for this overlap.

The client re-starts a response in line 301, but the SLT overlaps it to identify one aspect of his performance, namely that he was running out of breath. She produces this negative evaluation of his performance (line 302: “[you] were running out of breath >a bit<”) with a final adverbial clause element, produced in a rush-through, which mitigates to some degree the negative nature of the prior turn elements. In this task environment, it is the management of breath support for speech that is at the centre of the task, which means that “running out of breath” constitutes a negative description of performance. While the client agrees with her evaluation, he resists her subsequent description of the task as “a hard one”, by initially agreeing with a “yea::h” then describing the task as “okay” (line 305). The SLT begins her next turn with an acknowledgement token, which is however produced with increased pitch. This suggests disbelief that he rated the task as *okay*. She does not complete this turn, instead she suggests they have “another go” at the task, and provides instructions on how he should deploy his breath on various stages of the task. Both of these elements are consistent with her observation that the client had sufficient difficulties with the task to warrant another attempt.

Having asked the client to evaluate the task and/or his performance on the task, the SLT asserts her greater epistemic status by evaluating his performance before he has the opportunity to do so, and also by suggesting that he repeat the task. On all remaining attempts at modifying volume on extended production of a single sound, the SLT does not ask the client’s opinion, either about the task or about his performance; rather, she points out aspects of his performance that he needs to modify, or she positively evaluates his performances without any suggestion of involving him in the evaluation process.
7.3.6 STEs in reading aloud task

At the beginning of the final task of the session, which involves the client reading aloud from a magazine, the SLT reiterates the need for the client to focus on the two aspects of speech that have been at the heart of previous tasks: clarity of speech and volume. At the end of one reading passage, the SLT again uses the construction “how did you find that?” (line 458, below) to invite an evaluation from the client.

Excerpt 6.7: can we do a bit of reading?

416 T: .hhh \upcan we \updo a little bit of \uuprea\uupding?
417 (0.6)
418 C: yea::h
419 T: so combining both of these things we’ve just pract\iced, (0.4) so combining- (0.4) concentrating on your (0.6) clearness of your \upppee::ch, (0.4) and concentrating on your volu:me.
423 (0.4)
424 T: o\uokay >we’ll try< so:me (. ) reading \upsoft, (0.4) and some reading a bit louder,
426 C: yea::h
456 T: WELL DONE.
457 C: (? ) AND AWAY FROM (0.4) <FAT SYNTHESI:S>
458 T: HOW D’YOU FIND THAT?
459 C: E::R (0.4)okay I’ll turn the notch agai::n(.)(I can do more)
461 T: you can do \uuplou\upder? (0.8) do you \uupthink?
462 (0.6)
463 C: yea::h
464 T: \uup"yeah?"
465 (0.4)
466 T: what do you think is different between when you’re talking in a soft volume to when you’re talking in a louder volume, (0.4) what do you have to do differently
469 T: you take more __ breaths,
471 T: hm
472 (0.4)
473 T: so you’re taking more __breaths,
474 C: [yea:]::h
475 T: [yeah]
476 T: anything else?
477 (0.6)
478 C: u::m
479 (0.8)
480 C: you have to make su:re (0.4) you’re- y- your \uupthroat,
clear throat,

so you’re swallowing more off

T: hm mm (.) so you’re swallowing more of

yea::h,

okay,

throat,

so you’re swallowing more of

ten,

you’re swallowing more of

ten,

C:

C:

u::m,

the main o:ne (.) is you’re taking more breaths

The client is reading a passage quite loud when the SLT asks him, equally loud, “HOW D’YOU FIND THAT” (line 458). Again, the use of find indexes the task more than it does the performance. The client’s turn-initial “È::R” (line 459) signals some confusion. Instead of addressing the evaluation-implicative nature of the question directly, the client circumvents producing an evaluation. Instead, by the deployment of an okay-preface (line 159), he signals a shift in activity, namely that “okay I’ll turn the notch again”, i.e. he can speak even more loudly. In suggesting this, the client is orienting to the SLT’s question (“HOW D’YOU FIND THAT?”) as if it indexed some deficiency in his performance. His assertion that he can do more (lines 459-460) also implies a negative self-evaluation, namely, that he did not read at his maximum capacity.

In her next turn, the SLT questions whether he is capable of reading even more loudly, thus implying that he has already read at maximum volume. This turn is constructed with two linked interrogative elements (line 461: “you can do louder?(0.8) do you think?”). The first part is an understanding check, a ‘candidate understanding’ (Antaki, 2012), of the meaning of the client’s prior utterance. This is produced with increased pitch on the final syllable of the adverb (“louder”), indicating that the SLT is not convinced by the client’s assertion that he can read louder. The second part of this turn construction unit is a tag question involving an epistemic verb (think), which foregrounds the client’s epistemic capacity (Heritage, 2012) to evaluate his performance accurately. The combination of these two elements suggests that the SLT is seeking confirmation that the client can indeed produce a louder voice. When the client affirms, in his next turn, that he does believe he is capable of reading louder, the SLT receipts this with a “yeah?” (line 464). While the word choice affirms his opinion, the rising intonation suggests surprise, though this is mitigated somewhat by the quiet volume with which the word is produced.

Thus, following a short period of reading aloud, the SLT creates an opportunity for the client to evaluate either the actual task and/or his performance on the task. The client chooses to negatively evaluate his own performance, but he does so implicitly, through
indicating that he can do “more”. The SLT challenges this assertion on two occasions, implicitly indicating that the client has in fact read with sufficient volume. The SLT does not attempt to unpack the client’s assertion and its implied negative self-evaluation; nor does she clarify her own opinion of his reading. Instead, she shifts the activity to reviewing the strategies that the client must use to ensure clarity in reading. The client identifies two strategies: one in line 470 (“you take more breaths”), and another one in lines 480-481 (“make sure your throat is clear”). He attempts to identify more strategies (line 485: “m,”), but after a significant silence, the SLT affirms the first strategy he suggested as being “the main one” (line 487) before they resume the reading activity.

7.3.7 Client STE on progress

There is one further occasion where the SLT overtly seeks the client’s opinion about his speech, but it is not about his performance on a task per se, but about his progress: how the client evaluates his voice now in comparison to how it was immediately after the accident. The excerpt begins with the client describing a time when he tried to call out to his father in the family car yard, and his father could not hear him. The SLT clarifies the time frame of this incident, which the client confirms was “since” the accident (line 570).

Excerpt 6.8: he couldn’t hear me

567 C: and he couldn’t hear me you know?
568 T: this’s since your accident? or before your accident?
569  C: since
570 T: okay
571 C: yeah
572 T: do you think that your voice has improved since then?
573  (0.6)
574 T: you can get louder [since that time]
575  C: [yeah yeah]
576 T: “yeah”
577 C: it has=like my breathings got much better,
578 T: yeah

The SLT then asks the client whether he thinks his voice has improved since that time (line 573). The design of the question (‘yes/no’) constrains the client’s response quite strongly towards a preferred yes (Schegloff, 2007:80). When no response is immediately forthcoming (line 574), the SLT clarifies what she means by the word improved; she adds a candidate response (line 575: “you can get louder since that time”) and the client
affirms this, in overlap, with repeated yeahs. He extends this affirmation with a clear assertion (line 578: “it \( \uparrow \text{has} \)”) and then specifically references how his breathing has improved (line 578).

This is the first time that the SLT has directly referenced ‘improvement’. Her mention of this occurs immediately after the client has been describing a situation that occurred earlier in his rehabilitation process, potentially triggering the reflection on the time he has been involved in therapy, and thus on his improvement.

### 7.3.8 Client requests SLT evaluation of performance

The session ends with the client switching roles, and inviting the SLT to evaluate his performance. This is the only example in the data set where a client asks a SLT for an opinion about a performance on a task, giving some indication of how strongly the action of evaluation is linked to the SLT’s professional role. The SLT has previously receipted the end of the client’s reading task with two generic evaluative phrases before specifically referencing his ability to read “loud, and the louder”. A few lines later, the client challenges the SLT to find anything negative in his prior performance through his turn in line 650 (“Was that loud enough $for you$?”). The challenge is mitigated to some extent by the subsequent laughter, which continues through both of the SLT’s next two turns.

Excerpt 6.9: was that loud enough?

650→ C: was that loud enough $for you$ [ha ha ha ha ha ha ]
651 T: [yeah it was wasn’t it,]
652 C: [ha ha ha ha ha ha]
653 T: [it was goo::d thanks]

It is notable that the SLT does not join in the client’s laughter. As Harkanna (2001) identifies, health workers rarely take up laughter initiated by clients, not because they are declining to laugh, but rather because patients are using “laughter mostly to deal with delicate aspects” of interaction (2001:215). Specifically, clients use laughter “in places where they have to momentarily portray themselves in an unfavourable light. By laughing in these interactional slots, the patients both display orientation to a delicate activity and at least to some extent remedy the delicacy of the situation” (2001:213). Linell & Bredmar
(2010) also note that laughter is one way that patients mitigate possibly face-threatening messages.

In producing a for you in turn-final position, the client highlights that, even though the SLT has been asking him to evaluate his performances throughout the session, she is the final arbiter of when a required standard has been met. The SLT’s subsequent agreement (line 651: “yeah it was wasn’t it,”) involves a tag question. Heritage (2012) identifies tag questions as one resource for suggesting that an interaction partner may have greater epistemic rights to evaluate a particular entity. Thus, in this sequence, the client highlights the SLT’s greater epistemic rights to evaluate his performance, while the SLT herself invites him back into the evaluation space. She follows this with a positive evaluation and thanks the client (line 653), marking the closure of the session.

7.4 Case study summary

This case study has shown how one SLT engages a client in the process of evaluating his own performance and the significant challenges there are for both parties in doing this kind of evaluation of performance. The SLT presents the client with a range of frameworks for evaluating his performance, starting with a 0-10 rating scale, then using more general parameters related to awareness of his performance (“how clear”) and his experience of the tasks (“how did you find”), and finishing with a format that constrains the client to agree with the implied positive evaluation (“do you think you’ve improved”).

The fact that the SLT had to occasionally halt the task in progress and signal a change of task to engage the client in self-evaluation indicates that there is no clear sequential location for STEs. A number of the SLT’s requests for evaluation actually occur after she has already produced an evaluative phrase in a third-turn slot. As the previous chapter showed, such evaluations are often signalling the end of an activity, rather than an actual evaluation, or at best a kind of ‘nominal’ evaluation (Clark et al, 2003). Nevertheless, producing a third-turn evaluative phrase just prior to asking the client to evaluate his own performance creates a tension for the client, in relation to how he himself evaluates his own performance. In doing these third-turn evaluations, the SLT inadvertently emphasises her epistemic rights to evaluation prior to engaging the client in self-evaluation.
In asking a client to give his opinion, the SLT is acknowledging that client’s epistemic rights – to evaluate his performance on tasks – as something that is part of his experience. When the client in this particular session was invited to actively evaluate his own performances, his evaluations directly linked to aspects of his own performance that were less than optimal. In this way, his negative evaluations had merit, though often he highlighted singular instances of poor performance without comment on the positive aspects of his performance that were also present. These negative evaluations are in line with client focus on improvement; they may also be a reasonable strategy to employ in terms of clients not over-estimating their own abilities. In engaging in evaluation of any sort, however, he showed an ability to enter into a dialogic construction of shared meaning around the nature of the ‘assessable’ – namely, the clarity of his speech.

The SLT acknowledges client epistemic rights to self-evaluate, both by directly asking him to do so, and through acknowledging his descriptions of his own performance. She also, at times, links her own positive evaluations onto his negative ones in what appears to be an attempt to balance his negative perspective. Having set up a pattern in the first few tasks, of asking him to evaluate himself, it is noticeable when the SLT re-assumes the right to evaluate him first herself at times; she does this to preclude the client from evaluating his own performances negatively, or when he is concentrating so hard on doing the task that his ability to monitor his own performance is likely to be more limited, such as in the ‘modifying volume’ tasks where he evidenced some difficulty initially.

The client’s STEs, and the discussions they engendered, provide a rich vein of information about the client’s frames of reference for evaluation, about which time period is relevant (before or after the accident), and about his tendency to focus on errors rather than on his overall intelligibility. But these post-evaluation expansion sequences also highlight the time required to discuss client evaluations. These were not actions that were done simply; they routinely involved some discussion, of the nature of his evaluations, of their merits, and/or the factors that impacted on him achieving optimal performance on tasks. Thus, inviting a client to evaluate can reduce the time available for actual practicing of skills.

The SLT’s focus, in these discussions, is on how he is managing lapses in intelligibility, through self-correction, suggesting that she believes this to be a relevant strategy for managing his intelligibility. Both the fact that self-correction was not discussed in the initial revision of strategies, at the beginning of the session, and the SLT’s manner of
introducing this idea into the session, through various linking strategies, suggest that it is something of a delicate issue. Using self-correction, as a strategy for achieving good overall intelligibility, implies that the client is not going to reach a stage where he will be intelligible all the time; that he is not likely to re-gain his premorbid level of speech. This issue is not addressed openly in the session.

The noticeable feature of the evaluation sequences that the SLT initiates is that the parameters she and the client discuss at the beginning of the session are not oriented to in any way in her subsequent requests for him to evaluate his performance. While the SLT references these strategies in the lead-up to a number of the tasks, she does not reference these strategies in any way in the evaluation sequences that occur after the task is halted. Neither is there any attempt to explore the actual elements of performance that the client is orienting to in his negative evaluations. When he identifies specific words that he has had difficulty with, there is no discussion of the ways that different combinations of sounds are more difficult for him to produce. One example of this is the word *institution*: the fine degree of movement required to produce the range of sounds ([i], [s], [t], [n]) that have their focus of articulation at, or near, the alveolar ridge is likely to present a significant challenge to someone with reduced motor control because of dysarthria. The client’s evaluations are rarely taken up as an opportunity to calibrate intersubjectivity about the meaning of errors.

In this institutional interaction, it is ultimately the agenda of the ‘expert’ that takes precedence. By primarily referencing positive aspects of performance, and not overtly engaging with the perceptions that underpin the client’s negative evaluations, or attempting to reframe them, the SLT can be seen to be pursuing a ‘positive’ agenda. This runs counter to the client’s propensity to evaluate his performances negatively. At the heart of these disparate perspectives on the client’s performance lies the dichotomy between how good his speech was before the accident and how good it can plausibly be now. The introduction of the activity of client self-rating, and the repeated references to ‘self-correction’, indicate that these will be important parts of any future ‘improvement’. That is, in introducing self-correction as an important part of his performance, the SLT implies that the client will not return to his premorbid abilities and is likely to experience ongoing difficulty at times producing words clearly. The aim is to ensure that he monitors his own speech, and repairs any errors before his interaction partner can do so. The SLT’s knowledge and experience
with recovery of speech function following impairment of the speech mechanism give her the epistemic rights to ascertain whether he is likely to achieve any further improvement in actual motor functioning, and when he needs to turn his attention to using strategies, like self-correction, that minimise the impact on the listener of any breaches of intelligibility, when these occur. The client is still focused on returning to how he spoke before the accident. These disparate perspectives make encouraging the client to evaluate his own performance a challenge for both parties.

The next chapter will present a discussion of the key findings of this research, and the implications of the findings for SLT practice, along with recommendations for future research on the nature of SLT talk in therapy interactions.
Chapter 8: Concluding Discussion

8.1 Introduction

This thesis adds to the small body of research addressing evaluation in SLT practice, by adding important details about the structural and sequential aspects of evaluation in SLT therapy sessions. Evaluations often involve simple words and phrases, yet the complexity (8.2) of producing evaluations must not be under-estimated. This research has confirmed evaluation as a significant structural feature of SLT therapy interactions, and affirms that third-turn evaluations are sequentially relevant (8.3) whenever the SLT introduces a therapy task, in a range of domains of practice. This research also describes the features of evaluations that are produced in first-, and second-turn sequential positions. Because evaluations are both massively present, and inherently complex, they provide a useful lens for understanding important dimensions of interactions (8.4) in SLT sessions. The massive presence of evaluations in SLT sessions provides a clear link to the instructional (8.5) nature of task-focused therapy. Evaluations play a role in ‘performance shaping’ at a local level of the task, and contribute to the creation of a broader narrative about therapy over time. Evaluations provide a useful window through which to examine more closely the nature of shared understanding between client and therapist, and the potential sequential opportunities for greater client involvement (8.6) in evaluation of their own performance.

This study is an example of applied CA\(^{12}\): the setting was purposefully chosen, and the focus of analysis (evaluation) was identified early in the process of transcription and analysis. While the findings have primary significance for the SLT profession (8.7), they also have relevance for a broader understanding of how evaluation practices vary in different instructional contexts. Mindful of the limitations of this research (8.8), I will highlight potential for future research (8.9) and conclude by arguing that evaluations may also be considered, not simply as a routine part of the interaction, but as an important element in the ‘architecture’ of SLT therapy interactions (Seedhouse, 2004) and an aspect of the professional stocks of interactional knowledge that can usefully be addressed when greater engagement of the client in the learning process at the heart of therapy is desired or required.

\(^{12}\) The notion that what I was undertaking was much like what Antaki (2011) discusses as ‘Applied CA’ developed over the course of completing this research, but was not my intention at the outset of the research.
8.2 Evaluation is complex

This research has shown that evaluation in speech-language therapy practice is inherently complex, in part because talk is both the focus of therapy and the vehicle through which therapy is done (Seedhouse, 2004; 2009). The therapist must tailor the evaluation to the performance as it unfolds and align each evaluation with some existing goal, whilst also supporting the client’s sense of communicative competence. Evaluations are concerned all at once with (1) linguistic performance, (2) social identity, (3) maintaining therapist-client relationship and (4) the impairment that brings the client into the therapeutic relationship in the first place. This complexity is reflected in the structural difficulties identified in doing some kinds of evaluation; it is reflected in the ambiguity of many evaluations. Most evaluative words and phrases sound (and look) positive, but the analysis presented in this research has shown that evaluative phrases can actually do more than one thing, and that not all the functions of positive evaluative phrases are about marking a desired performance on the part of the client. The majority of evaluations produced in the most common evaluation space, the third turn, are not clearly indexical of performance. Many of these evaluative words and phrases can be read equally as marking the end of an activity and/or maintaining forward momentum as they can providing a clear evaluation of performance. Ambiguity is a resource used by SLTs to maintain an overall ‘positive’ frame around the completion of tasks in therapy, but there is also the potential for ambiguity to leave clients uncertain about how they are really performing.

8.3 Evaluation is structurally relevant

The completion of therapy tasks involves a particular sequential environment, consisting of three linked actions: the introduction of a task by the SLT, its completion – or attempt at completion – by the client and then the evaluation by the SLT. Thus, evaluation is structurally preferred by the very introduction of a task into the interaction, and SLTs provide such evaluations on a routine basis in the third-turn position. This confirms the findings of prior research (Panagos, 1986; Simmons-Mackie, 2000; Horton, 2004) identifying third-turn evaluations are a common feature of SLT-client interactions. It further adds to these findings by providing detailed descriptions of overt positive and negative evaluations, as well as by underscoring the importance, in the shaping of client performance, of correction as an implied form of negative evaluation. While evaluation predominantly occurs in the third turn of an action sequence, this study found that evaluations can and do occur in first and second turn positions as well. There was no opportunity for exploring client perspectives, in the form of a ‘next turn proof’ (Hutchby & Wooffitt, 2008) as no client commented on these third-turn evaluations in any analysed samples.
The absence of client responses to third-turn evaluations marks the SLT-client interaction during task completion of a form of ‘institutional talk’. Conversely, evaluations of client performance on tasks can be seen as important elements of the professional role of the SLT. The understanding of what shapes performance on any one task, and of how performance changes over time, arguably requires a kind of specialist knowledge that cannot be developed ‘overnight’. The achievement of any speech/language goal relies on a complex interplay of factors related to brain activity. These include the sensorimotor aspects of hearing and/or seeing the relevant target, cognitive aspects of attending, discriminating and remembering features which are highlighted through the therapy task, as well as psychological aspects like motivation and preparedness to engage in the learning environment.

The knowledge required to map a path towards improvement presumes a degree of specialist knowledge, thus some degree of support from the SLT to encourage the client to develop this situated understanding. While there is a complexity of elements underpinning accurate performance on therapy tasks, humans show an ability to develop local understandings of complex processes when the need arises. In learning a new skill, or refining an existing skill, an individual needs guidance on how to understand any one attempt in relation to the immediate goal. Unless there is an undertaking to support the understanding of the learner as to the significance of various aspects of performance, each attempt on a task is a shot in the dark. The analysis in this research has shown that both adult and child clients are able to attend to elements of performance and to modify their performance when the relevant parameters have been clearly articulated for them. The data from one client, analysed in the previous chapter, showed that clients can evaluate their performance directly when asked to, though that particular client showed a tendency to focus on the negative aspects of performance.

*Third-turn evaluations* (or TTEs), as explored in chapters 5 and 6, have the potential to shape client understanding of the significance of aspects of their performance, given that they occur immediately after the client has performed a task. However, the analysis in chapter 5 has shown that performance was frequently evaluated positively, even when there had been errors in the immediately prior turns. Therefore, the value of these local evaluations of performance is questionable. Such ‘blanket’ positive evaluation indicates that third-turn evaluations are doing more than simply providing some local level guidance on performance. At one level, TTEs are devices through which the SLT maintains a level of participation in the ongoing flow of therapy tasks: while the client performs a task, the SLT is essentially an observer/listener, so third turns provide opportunities for the SLT to remain engaged in the therapy activity. Evaluations also function to maintain a forward momentum
in therapy; by marking the end of a client’s performance on a task, they create an environment for the commencement of the next activity or for the re-specification of some element of the task. In terms of their function as actual evaluations of performance, TTEs index effort and involvement as much, and often more, than they index actual success on a task. They also occur immediately prior to some form of correction, thus underscoring one important purpose of TTEs – namely, acknowledgment of the client’s performance – before the SLT provides some form of guidance as to how the client can produce the required response at an appropriate level.

First-turn evaluations (or FTEs) occur predominantly at the end of a session (or of an activity within a session). They provide a link between the performance on local tasks during the session and a longer-term understanding of ‘progress’. The analysis of FTEs in chapter 4 has shown that clients often respond to these evaluations in dispreferred ways, signalling either their disagreement with the therapist’s evaluation, or responding to FTEs as if they are compliments – for which the preference would be to respond negatively.

FTEs are difficult to produce, since they require some level of disruption of the progressivity of the task at hand and also because they involve features of compliments, which can make it difficult for the clients to receipt or respond to in affirmative ways. Like TTEs, FTEs rarely invite or receive responses from the client. This lack of response marks out ‘evaluations’ as different from ‘assessments’ that occur in ordinary conversation, in that a second-turn assessment would normally be expected following the production of a first-turn assessment. This lack of uptake or response by the client marks FTEs as even more ‘institutional’ than TTEs; as, in ordinary interactions, some kind of uptake or show of affiliation could be expected in a second turn, failure to respond in a structurally relevant space means that clients are implicitly allowing the SLT’s epistemic status to prevail. Like TTEs, FTEs are overwhelmingly positive, though they index elements of ‘improving’ performance more clearly than the more ambiguous TTEs. Integral as FTEs are to the delineation of ‘progress’, they also, inadvertently, index the presence of some kind of communication impairment and, plausibly, draw attention to the challenges facing the client in terms of mapping progress over time.

Kevoe-Feldman & Raymond (2012) describe institutional interactions where a third turn can be arguably seen as an essential part of the sequence. Their discussion focusses on callers to camera repair service where the 3rd turn relates to caller accepting the status update provided by the call centre operator. This article presents an interesting way of thinking about the nature and action of third turns. The authors suggest that their finding, that evaluative turns were accountably necessary
in some contexts, might have applicability in other contexts. They discuss prior research on ‘known-information question’ sequences initially described by Mehan (1979) as a context where evaluative turns are seen to be accountably necessary. This current research has found that such third turn evaluations are massively present in SLT-client interactions, and that many of the initiating turns by SLTs were similar to known-information questions, so there is the potential that the notion of three-part sequences being something of a base structure may well have relevance to SLT interactions. Of particular interest is Kevoe-Feldman & Robinson’s discussion of the ways in which evaluative third turns link to inter-subjectivity, particularly “ratifying inter-subjectivity regarding the nature of the relationship between second-part action and first-part action” (2012:237). Further data is required, particularly showing client non-verbal behaviour accompanying response turns as to whether there is any expectation of an evaluation, or examples of sequences where the SLT is held accountable for not producing an evaluation, or where there is some accounting by the SLT for not giving an evaluative turn.

In chapter 7, I presented an analysis of a single case study involving second-turn evaluations (or STEs) where a therapist asked a client to evaluate his own performance on speech intelligibility tasks. It is clear that the client in this case study was able to evaluate, in second-turn slots, when asked to do so. By encouraging self-evaluation of performance on a task, the SLT supported the client’s move from extrinsic to intrinsic reinforcement, thereby allowing the client to become an ‘expert’ at a particular task. The analysis revealed the challenges involved in overcoming the structural relevance of TTEs and in managing divergent evaluations between client and SLT. The SLT routinely produced minimal sequence-closing third (SCT) turns which could potentially have been read by the client as positive evaluations (e.g. very good; well done; good) before asking the client to evaluate his own performance. The presence of these SCT turns, immediately prior to a request for the client to evaluate his own performance, seemed to set up a climate of disagreement, given that the SCTs were positive, yet the client’s evaluations were generally negative. The client was more focused on the specific errors he made than on his overall accuracy. The SLT did not actively engage with the client’s negative perspective; rather, she syntactically linked a more positive evaluation to the end of the client’s negative response. In doing so, the SLT displayed her concern with overall performance, rather than with the specific errors that were only a small percentage of the overall task requirements. Disagreeing with a client’s own negative evaluation seems to be a much stronger action than simply evaluating the client outright; the latter is the prerogative of the expert, whereas the former is something of a denial of the client’s rights to self-
evaluate. There seems to be something of a dilemma here for the SLT: on the one hand, STEs provide the client with an opportunity to participate in the evaluation of their own performances, yet on the other they might create an environment of disagreement if clients evaluate their own performance in ways that are disparate to the SLT’s evaluation. This tension highlights the different perspective each party brings to the therapy space.

8.4 Evaluation as a critical site for understanding interaction

Evaluation is what Sarangi and Roberts (1999) refer to as a ‘critical site’ in client-therapist interactions. As most evaluations occur immediately after clients complete a task, it is reasonable to assume heightened mutual orientation. Evaluations are also actions that emphasise the different roles of ‘client’ and ‘therapist’, as they are primarily produced by the SLT. Given these two aspects of evaluations, they are also sites where tensions between client perspectives and therapist perspectives on progress of therapy are likely to be seen most clearly. Some of these tensions arise because of the ambiguous nature of many evaluations, while others relate to the centrality of speech and language to our notions of human self-hood (Taylor, 1985). Our sense of self-hood develops very early in childhood (Gee, 1985) and is partly sustained and modified through our interactions with different people in different contexts. Clearly then, there is a real potential for evaluations of client speech or language performances to be face-threatening.

Speech and language are uniquely human abilities. Any reduction in communicative competence has the potential to have significant negative impact on individual self-esteem and self-identity. Two of the patterns of evaluation identified in previous chapters attest to the ways in which SLTs orient to the potential impact of impairment on client identity. The frequent use of ambiguously indexical positive SCTs, prior to the initiation of a correction sequence, suggests SLTs are wary of the face-threatening potential of overt, more direct correction. The production of positive SLT evaluations that were designed to mitigate negative client evaluations is perhaps even more complex. These positive evaluations, as seen in chapter 7, do not deny the accuracy of client perspectives per se. However, by highlighting positive features of client performance, they suggest a desire to frame client performance in the highest possible positive light. I would go even further and argue that maintaining a positive frame around therapy seems more highly valued than clear descriptions of client performance; and that attention to client motivation and client self-image are more pressing concerns for SLTs than the degree to which the client understands the complex interplay of factors that might promote improvement.
It is partly through the action of evaluating that the SLT exerts control over the therapy task process. Evaluations mark the epistemic status of SLTs in that they provide opportunities for the display of expertise, and for control of activities, in so much as evaluations often mark the closure of one activity as a precursor to moving on to the next activity. Not surprisingly, the majority of evaluations are produced by the SLT, thus confirming the professional ‘right to know’ how well the client has performed, and when it is time to move on. Conversely, evaluations provide a valuable insight into the challenges facing clients in terms of understanding their own performances during therapy. Evaluations provide limited opportunities for client involvement. The closure-implicative nature of third-turn evaluations invariably terminates discussion of the task, thus limiting the client’s opportunity to discuss or disagree with the evaluation. Client responses to first-turn evaluations revealed that clients are not likely to extend discussion to details of their performance, and client evaluations in response to questions can result in SLTs countermanding the client’s views. The omnipresence of evaluation, which re-confirms the expert role of SLTs, may inadvertently construct the client as passive (Kovarsky et al, 1999) and thus contribute to a process of disablement within the process of trying to ‘help’.

The focus of most talk in task-based therapy sessions is not on the achievement of inter-subjectivity, or the joint construction of meaning; it is on the accuracy of the talk vis-à-vis some kind of benchmark. In therapy sessions focused on speech production, the talk of the client is something to be evaluated in terms of ‘how’ it is said, or in terms of some quality of what is said, seldom in terms of some interactional meaning. In therapy sessions focused on language, the talk of the client is something to be evaluated for what it shows about internal brain activities (comprehension, semantic processing, memory, etc.) rather than for what the client contributes to the ongoing flow of talk. In both cases, talk is the site for professional judgement about speech or language processing/production; the talk of the client is something to be modified or fixed rather than a joint area of attention. Thus, therapy tasks inherently focus on impairment. And yet there is an almost overwhelming silence in the data about the impairments with which clients present to therapy.

The lack of overt reference to the impairment that brings the client into interaction with the SLT is intriguing. A communication impairment seems to be an example of an ‘elephant in the room’, an “obvious truth being ignored or going unaddressed” (Cambridge Dictionary, 2009:298). Impairments of communication ability clearly represent ‘trouble’ for the client, and yet there were no features in the data of ‘troubles talk’ as defined by Jefferson (1988). The lack of overt reference to clients’ impairments is likely to link to the fact that none of the data sets involved interactions taken from the very start of a therapy relationship, and that the nature of impairment might become
‘common ground’ over the course of time. It is also plausible to suggest that the lack of any mention of difficulty might relate to a desire to support the maintenance of a client’s positive self-image (Goffman, 1967; Brown & Levinson, 1987). By saying little or nothing about the impairment, SLTs are defusing any potential embarrassment that clients may have regarding their impairment. Social conventions, about how impairments (ailments, shortcomings, etc.) are referred to, are at play in shaping how people talk about problems of communication. Our communication skills enable us to participate energetically in the social construction of ‘who we are’ (social role/persona) and ‘what we are doing’ (social action) in interaction. It follows that social conventions against overt discussion of the ways in which clients are not able to do something are powerfully at play in task-based therapy. The client’s impairment becomes almost invisible, at least in terms of any overt reference to it in the therapy interaction. This poses a clear dilemma for SLTs: if they regularly refer to the impairment, they run the risk of (re)constructing the client’s identity as one defined by the impairment; on the other hand, not mentioning it makes it harder to focus on changing the nature of the impairment, or on the possibility of the client learning to interact more fully despite the presence and nature of the impairment.

8.5 Evaluation and learning

In line with the analysis presented in earlier chapters, it may be pertinent to recalibrate the interaction at the heart of therapy as a learning environment. This would provide client and SLT with a different way to understand their social roles; not as ‘patient’ and ‘expert’, but as ‘learner’ and ‘guide’. This is no easy task as, historically, theories of learning have not been a central feature of SLT training, though orientation to learning at some level can be seen in a review of the professional literature. The key Competency-Based Occupational Standards (SPA, 2011) document describing competencies for entry into a profession in Australia refers to lifelong learning as a ‘generic’ competency for graduates and includes a specific unit of competency on ‘lifelong learning and reflective practice’ (Unit 7: 36). In addition, it identifies that an aspect of ‘Implementing Intervention’ (Unit 4: 25) involves attention to client learning styles and learning needs.

It is instructive to consider (see Text box on page 178) the specific set of performance criteria listed under Element 4.2, as there is general reference to client learning styles/needs, but also specific reference to providing clear explanations of tasks and feedback and reinforcement. Similarly, the UK’s professional association for SLTs, the Royal College of Speech-Language Therapists

When working directly with a client, demonstrate the following:

- obtaining, selecting and using materials that are appropriate to the client’s age, culture, abilities, **learning style**, interests and focus
- clear explanations of tasks
- use of feedback and reinforcement that are specific to the client/group and address the client’s **learning needs**
- modification of the intervention according to the client’s success or failure
- recognised behaviour-change techniques, e.g. effective timing, reinforcement
- monitoring and measurement of outcomes
- planning for future intervention (independently or as part of a team), e.g. prioritising, time planning
- resolving interpersonal conflict.

**Figure 8.1 CBOS Unit 4, element 4.2 (SPAA, 2011:25)**

In my own experience of both teaching undergraduate speech-language therapy students, and accrediting speech-language therapy programs as part of the Speech Pathology Australia accreditation panel, I am not aware of any programs that support students to conceptualise the activity they are engaging in with their clients as a **teaching** activity; or the converse, that clients are involved in a **learning** activity. The persistence of the term **therapy** effectively obscures the learning that is required for the client to make some kind of change in their communication skills. The emphasis in therapy is predominantly on what the client is ‘doing’. Little attention is given to the impact of what the SLT says and does, as instructor-facilitator, in effectively supporting and shaping the client’s learning, or re-learning, of basic linguistic skills. When we look more closely at what SLTs say and do, we can see the lingering impact of behaviourist theories of learning, with very little sense of learning as a process of active engagement, of meaning making, or as a social phenomenon.

There has been some consideration of the nature of learning in aphasia therapy (see Horton, 2008 for a useful summary) with calls for greater explication of the theories that underpin client learning in therapy (Ferguson, 1999), greater attention to the principles of adult learning (Hopper & Holland,
2005; Kimbarrow, 2007) and greater attention to the role that error-less or error-ful responses make in completion of tasks (Fillingham, Sage & Lambon, 2006; Beckley, Best, Johnson, Edwards, Maxim & Beeke, 2013). As Linebaugh (1999) rightly points out, it is likely that different theories of learning will be applicable to different kinds of therapy. The call for greater explication of the processes of therapy (Ferguson, 1999; Byng, 2000; Horton, 2008) in order that the processes involved in therapy can be better understood, critiqued and potentially improved has been addressed by some recent research (Beckley et al, 2013; Wilkinson, 2013). What is still not routine is a clear discussion in published research of things like the therapist/researchers philosophy of intervention, theories of learning that apply to different kinds of client – depending on their age, cognitive abilities, motivation and on the nature of service delivery (individual, group, consultancy).

The lack of overt discussion of what theories of learning are relevant to individual clients and their espoused goals is a reflection of the largely unconscious ways in which SLTs learn what Higgs, Tichen & Neville (2001:5) refer to as ‘craft knowledge’ as opposed to theoretical or propositional knowledge. Their description of craft knowledge, as comprising both general knowledge about working with clients gained from hands-on experience, and specific knowledge of the individual client, links to what Perakyla & Vehvilainen (2003) refer to as ‘stocks of interactional knowledge’. Both authors note that this kind of knowledge often remains tacit. Much of what novice practitioners learn about structuring therapy tasks in ways that promote client learning occurs during clinical practicums and represents an important but under-examined aspect of professional practice. As Perakyla & Vehvilainen (2003) claim, beliefs, attitudes and practices are generally learnt unconsciously, and are thus resistant to overt reflection. I would argue that evaluation practices, and the ways in which they link to some overarching theory of learning of behaviour change, fall into the category of implicit patterns of professional behaviour. When asked, most SLTs are not able to identify the theory of learning that underpins their therapy work.

There are many different kinds of learning – and not all things to be learned are necessarily learned the same way. Gagné (1985) identified five different kinds of learning: information, intellectual, cognitive, motor, and attitudinal. More recently, Richard Millwood (2013) developed a visual representation of different learning theories and their implications for education (shown in Appendix B), as part of the European Union initiative ‘Holistic Approaches to Technology Enhanced Learning’. As this resource shows, and as Millwood states on the accompanying blog, learning theories are highly contested, “with conflicting contributions from many scientific disciplines, practice and policy positions”, and the “complexity of education is matched by [the]
complexity of learning outcomes” (no page reference for online blog).

While some therapy tasks are more closely geared to ‘motor’ learning, or learning through ‘doing’ (through repetition, copying models and following instructions), there are aspects of engagement in therapy that require clients to ‘know’ about things like the rules for interaction (“now you know that pointing without any words is not acceptable here in this room”) and about their own progress in therapy (“well, you’re saying it”). It is easy to see the vestiges of behaviourism in both the professional literature around ‘feedback’ and the ubiquity of triadic exchanges involving SLT evaluations in the third-turn. It is also possible to see links to Vygotsky (1934/1987) in the ways SLTs use diverse and multiple strategies to scaffold client learning and that these support strategies are often only activated once clients show they are unable to complete the task to a sufficient standard on their own. This supports Horton (2008) findings that SLTs use ‘ad hoc’ approaches to supporting learning, which he indicated “appear to be underwritten by an adherence to the principles of stimulation approaches or to those akin to the zone of proximal development” (2008: 1010).

There is little evidence in the data that SLTs overtly operate from a theory of learning that relates to the motor or cognitive or intellectual abilities the therapy tasks aim to develop, or that they employ different models of learning for children and adults. There is evidence only of incidental discussion with clients about specific evaluations and no evidence that SLTs support clients to reflect on their performance, something that Gardner (2006) notes is an important part of the overall learning process.

It is plausible that future research aimed at building an inventory of potential learning sites within SLT-client interaction might need to focus on the session more broadly than the close focus this research has taken to the action sequences around the completion of tasks. The learning principles that SLTs are utilizing may well be imbued with the process of therapy at a more gloable level than was the focus of the analysis in this research. Information on how therapy is programmed over the course of individual session, and longer periods of time, might provide more detail on how SLTs and clients understand learning in the context of therapy. As such, there is a need for more global analysis of patterns of discourse within and across sessions, combined with ethnographic observations and reflections of both clients and SLTs to identify SLT intentions and client understandings.

One important by-product of conceptualizing therapy as a learning environment is that it would enable SLTs to more readily access research findings from other learning environments, particularly
language learning environments, which can usefully inform the way SLT professionals understand the interaction at the heart of ‘therapy’, particularly what the role of the learner might be. In particular, research from second-language learning contexts has potentially produced insights that bear consideration in relation to SLT practice. Damhuis (2000) suggested that learner initiation of interaction and learner control of topic result in better learning outcomes. McHoul (1985) noted that the turn-taking frameworks often found in learning interactions with second-language learners, similar to the triadic turn-taking structures found in SLT interactions, make it difficult for learners to initiate an interaction. Seedhouse (2004) argued that a focus on form and accuracy imbues second-language learning contexts with “extreme asymmetry” (2004:104), constraining learners in more ways than they might be in regular conversation. Gardner (2008) suggests that researchers in second language acquisition, are beginning to “build an inventory of sites of potential learning” (2008:237) and that one particular focus of attention should be on “giving the recipient the opportunity to actively respond” (2008:238). These insights might be usefully applied to SLT practice, though further investigation is needed of the ways in which the 1:1 learning environment found in SLT-client interactions shapes the kind of roles that are available to learner (client) and learning facilitator (SLT).

8.6 Enabling the client greater access to the evaluation process

Evaluation is an important site for exploring professional practice in speech-language therapy – not only for understanding when and how evaluations are done, but also because evaluations reveal something about the SLT’s orientation of the learning process. As we saw in chapter 7, client evaluations can also be a resource for the therapist to more clearly understand the individual client’s ‘stance’ towards the activities that constitute therapy. As Silverman (1987) noted, “clinical discourse … can create uncertainty about the space available for client’s speech” (1987:168). This current research points to the potential value of focusing on ways to allow ‘space’ for clients to voice their understandings of task, and of what is required of them to demonstrate progress. Facilitating client involvement in task-, and progress-related evaluations provides clients with the opportunity to ask questions of performance, of progress, and of the links between task and real-life interactions. The discourse analytic literature provides some potential strategies that might facilitate greater participation of clients in the evaluation spaces, including employing a greater use of silence (Perakyla, 2008) to give clients both time and interactional space to voice their views; or learner initiation of task sequences (Damhuis, 2000) as a means of disrupting the SLT’s control of therapy task sequences.
An important precursor to client involvement in evaluation spaces is recognition that SLTs are not the only expert (Kovarsky & Curran, 2006; Wilkinson, 2004). Recognition of the clients expertise in their own lives can be achieved through shared goal setting (Cott, 2004; Duchan & Black, 2001; Hersh, Sherratt, Howe, Worrall, Davidson & Ferguson, 2012a; Hersh et al, 2012b) and subsequently some degree of shared understanding of the parameters for task performance, or even of the factors affecting performance on therapy tasks. Clients may benefit from to understanding the basic requirements of the task (i.e. what they are being asked to do) in order to develop the ability to self-monitor and self-correct. As Martin & Sahlstrom (2010) showed in their analysis of learning in a physiotherapy session, client learning could be tangibly seen through the client’s greater participation in the modification of shoulder positioning in therapy. To achieve greater independence in positioning his shoulder, the client needed to understand the demands of each activity presented. SLTs refer to the parameters of task performance in various ways throughout task completion, but performance is not always, or even routinely, evaluated against the parameters that have been identified as important for achieving success on a task. Thus, opportunities for supporting clients to develop a meta-awareness of relevant parameters in a general sense (attention to speech rate, attention to grammatical structure, to length of sound, etc.) are lost.

It may not be feasible for the client to become fully expert in all components of communicative performance. None-the-less, SLT attention to those actions, comments, questions which give some sense of how clients understand their abilities and the parameters of any particular therapy task may well provide valuable opportunities to re-calibrate shared understanding of the therapy process. Without some internal parameters for what is ‘good’, clients are relegated to perpetual passivity (Simmons-Mackie & Elman, 2011), as changing the way the brain processes and produces linguistic resources is a long road. The brain may be able to ‘change itself’ (Doidge, 2008), but it cannot do so overnight. Something needs to happen, generally repeatedly and in incrementally more complex ways, in order for the brain to develop new/different pathways for ‘doing’ something: for understanding semantic linkages, for tuning in to the request for an adverbial clause element in a question about a previous statement, for successfully linking the semantic concept ‘Paul – my son’ to the place and manner of the sounds that make up the conventional ‘sign’ for that concept (Linebaugh, 1999). A client who receives support to develop their ability to monitor performance (Gardner, 2006) is more likely to acquire a reasonably effective ability to self-repair and, in the process, to experience ‘success’ in designing turns (and re-designing them, as required) which make for relevant and timely contributions to the interaction at hand – whether that interaction is of a therapeutic or an everyday nature.
As the analysis of second-turn evaluations in the previous chapter indicated, there are some challenges in inviting the client more fully into the ‘evaluation space’. One is the interactional difficulty that clients potentially experience in disagreeing with, even actively engaging with, ‘expert’ opinion. In highly institutionalised interactions, when the social roles co-constructed by client and SLT reinforce who has the rights and ability to do evaluation, it is structurally difficult for the client to become involved in this way. Through their joint focus on talk, and on task outcomes as a means for supporting learning, both SLT and client effectively talk their asymmetrical social roles, and the social context of ‘therapy’, into reality. While participating in the construction of constrained interactional roles, clients in this research also showed some ability to break out of these same constraints and demonstrate a ‘real world’ orientation, invoking ordinary world realities as relevant to the therapeutic milieu. In addition to the structural challenges, there is also the difficulty of both performing a linguistic task and having the level of meta-awareness required to develop an opinion about one’s performance. This puts a significant cognitive demand on the client. There is potential for the use of audio-visual recordings, such as those recorded by SLTs for this research, to provide clients with a mechanism to separate the ‘doing’ of a task from the ‘evaluation’ of that task.

An additional challenge for clients is that of understanding how specific therapy tasks, especially those focused on elements of linguistic competence, might link to overall long-term goals that are invariably defined in terms of some social, interactional goal. When therapy tasks are structured around specific aspects of linguistic competence, they inevitably require some level of linguistic expertise for specific elements of performance to be evaluated. Most people without the SLTs expert knowledge have no understanding of the complexity involved in speech, language, voice or interaction.

One plausible way to reconfigure the parameters of the therapeutic relationship is to overtly use all the domains of the ICF as a central framework through which all professional practice is understood. The ICF demands a focus on the client as a whole person; as someone who has a body, but who also needs/wants to interact with others in diverse contexts, and to participate in diverse social activities. Several researchers have noted that SLTs retain the central focus on linguistic and neuro-cognitive aspects of communicative competence (McCormack et al, 2010; Kagan, 2007; Simmons-Mackie, 2001; Reed et al, 2005). Overt linking of tasks designed to improve linguistic competence with clients’ own activity-participation goals could facilitate greater client appreciation of individual tasks. Recent research by Damico et al (2015) attests to the potential of using
knowledge about conversation combined with a constructionist approach to adult learning in order to work directly on an aphasic person’s conversation skills.

Importantly, advocating an overt orientation to the broader focus provided by the ICF should not lead to a denial of the realities that face those who suffer some kind of impairment affecting communication. As Crow (1996) notes:

[It] is also important to ‘bring back impairment’, and recognize the significance of this for individuals. The experience of impairment is not always irrelevant, neutral or positive ... How can it be when pain, fatigue, depression and chronic illness are constant facts of life for so many of us? ... for many disabled people, the personal struggle related to impairment will remain even when disabling barriers no longer exist. (1996:58)

Focusing on impairment, through task-based activities, does not necessarily preclude supporting the client to become more fully involved in the therapeutic project. There is still great potential for involving clients in the choice of tasks, in setting parameters for performance and involvement in evaluation of performance on such tasks. Attention to what facilitates learning for each client, so that the client is more fully engaged in learning the skill or strategy that a therapy task is designed to promote, requires equal attention to what the SLT is doing and to what the client is doing, not simply to the latter.

8.7 The importance of CA as a methodology for SLT research and practice

In the first chapter, I argued that in the speech-language profession, the ‘therapeutic gaze’ rests primarily on spoken language, whereas our tools and skills in analysing language are framed primarily with reference to written language. A focus on the co-constructed nature of interaction provides SLTs with a better understanding of how their own ‘talk’ facilitates or impedes the development of skills and understanding in their clients. Heritage & Clayman (2010) note that “specific action choices can index particular institutional stances, ideologies and identities that are being enacted in talk as well as particular professional beliefs and institutional rules and guidelines” (2010:18). In overtly turning our professional gaze to our own talk, it is likely that we will be able to more clearly identify our professional genres, or ways of talking, and the impact of these on client engagement and progress in therapy. As Gunnarsson et al (1997) argue, SLTs “need to ask themselves whether professional genres are maximally functional, in whose interests are they formed and whether there are alternative models for various professional practices” (1997:4).
Conversation analysis provides a powerful tool for understanding the perspective of both parties to the therapeutic interaction (Wilkinson, 2008). Through attention to the micro-level of interaction, we can explore the ways in which talk has ‘shape’, and see more clearly the dynamic nature of interaction, and the ways in which therapy is co-constructed. This research has shown that attention to seemingly ‘small’ elements of therapy, such as how SLTs evaluate client performance, can add depth to our understanding of the nature of what we do.

Engaging with CA research provides SLTs with access to a significant body of research on institutional interactions, and how these differ from everyday interactions. Client goals are defined in terms of competence in everyday interactions, yet most therapy is conducted in highly institutionalised contexts. Evidence concerning how to manipulate different aspects of interaction to more closely approximate everyday interactions, as explored by Damico et al (2015), potentially promotes transfer of skills from therapy to everyday interactions. CA research also provides a vocabulary for clarifying the differences between important aspects of interaction. The terms assessment and repair relate to those signals, segments and actions that occur in talk that is framed by the participants as ‘everyday’ talk, where the focus is the maintenance of intersubjectivity. The terms evaluation and correction denote those signals, segments and actions that occur in line with some kind of institutionally relevant goal, where the focus is on accuracy of performance.

Therapy is an undeniably co-constructed activity, not something that is ‘done to’ the client. Clients participate in the construction of their own role as ‘clients’ through their acquiescence to activities that they may or may not understand, and to evaluations that they may not always agree with. The increasingly common use of ‘client-centred’ or ‘family-centred’ models of care demands that therapists become a ‘new kind of expert’ (Ferguson & Armstrong, 2004). Rather than being experts in the traditional, ‘medical’ framework of ‘one who knows all’, in client-centred models of care, SLTs actively take into account the expertise of the client in their own lived experience, which could include building expertise in self-evaluation. These changing conceptualisations of what it means to be a professional are reflected in research which calls for a balance between the technorationalist and artistry models of professionalism (Denshire, 2003; Higgs & Hunt, 1999), or between the technical and interpersonal elements of professional competence (Stark et al, 1987).

8.8 Limitations of this research

This study makes a valuable contribution to understanding the organisation and design of evaluations in SLT-client interactions during completion of therapy tasks. As with any research,
there are limitations in the nature of the data that may impact on the extent that findings might apply to various domains of SLT practice.

My decision to invite SLTs to provide recordings of ‘typical’ therapy sessions meant that I received a broad range of recordings, from a range of contexts and involving a range of different kinds of clients. The diversity of recordings enabled a broad description of evaluation practices across different contexts and client groups, but more longitudinal data would have provided insight into how evaluation practices might evolve over the course of a therapeutic relationship.

The fact that most SLTs submitted audio recordings, rather than video, occurred because I gave participants a choice as to what medium to use for recordings. The presence of a range of recording systems (audio, voice-activated audio and video) reflected the systems in use by the clinicians who agreed to record their everyday interactions for analysis. The nature and quality of recordings, and the types of recordings that were made available were a direct result of the decision to invite people to contribute to this research project by submitting examples of routine recordings from their clinical context, rather than a more systematic research-driven approach to data gathering. Apart from the challenges of providing uniform recording equipment to therapists in diverse parts of Australia, asking people to record in ways that were not part of their usual clinical routines would have potentially influenced the nature of the interaction. The choice of audio over video is in line with professional practice that focuses more on the linguistic aspects of speech and language production, and less on the non-verbal aspects of interaction. Even when videos were submitted, they invariably provided a clear view of the client but little or no view of the SLT. Again, this is arguably in line with current perceptions of SLT talk and action as something that is ‘neutral’ in therapy.

My decision to focus primarily on audio recordings and audio versions of video recordings was taken with a view to achieving consistency across the data set. As such, this decision was what ten Have (1990) describes as a practical one, not one based on any research principle per se. Greater access to, and analysis of, video data would be particularly informative for understanding the interactional environment surrounding the SLT’s evaluations, providing detail on how the participants’ gaze, bodies, and their physical actions are consequential for the interaction (Heath 1997; Neville, 2010; Robinson, 1998). More ethnographic data on the nature of the setting, the length of client involvement in therapy and the range of people involved as bystanders to therapy sessions (family members and others) would also provide valuable insights into the ways in which evaluations vary depending on variables such as these (Kovarsky & Maxwell, 1992).
8.9 Contributions of this research to SLT theory and practice

This research makes an important contribution to an understanding of the ways SLTs evaluate client performance. More generally, it makes an argument for the need for more extensive exploration of the nature and impact of SLT talk in SLT practice. Through detailed exploration of SLT talk, it is possible to articulate the ways in which SLT talk facilitates client performance on therapy tasks, as well as to highlight practices that may not always be in the long-term interests of the client. Such detailed analysis of naturally occurring therapy interactions is beneficial not only to SLTs wishing to develop their ability to reflect on their own practice, but is also likely to be beneficial to novices who are learning about the nature of SLT interactions in their professional training. This research also adds to the CA literature on evaluations, providing an example of how evaluations are produced in 1:1 learning contexts.

8.10 Directions for future research

The findings of this study provide some clear directions for further research into the professional practices of SLTs, particularly those involving therapeutic interactions with clients. The growing body of CA research focusing on communication disorders, much of which has prioritised what it is that the client can do, or the ways in which the impairment changes the nature of interaction, would be further enhanced by interactional research on the nature of professional talk, such as the recent publication of an analysis of the interactional aspects of testing naming (Wilkinson, 2013). Understanding the ways in which professional talk shapes the SLT-client interaction and relationship would provide valuable insights into what facilitates client engagement and client learning.

Given the importance of evaluations in shaping local performance on therapy tasks, it is important to build a much larger database of clinical evaluation examples. This would enable clarification of evaluation practices in different domains of SLT practice, including domains that were not represented in this thesis, namely stuttering and voice therapy. In addition, further comparative research is needed on how SLTs and clients produce evaluations in intervention contexts that do not involve tightly structured therapy tasks, such as project-based approaches to intervention (Yvilsaker & Feeney, 2003), life-participation approaches (Chapey et al, 2000), intensive language-action therapy (Difranceso, Pulvermuller & Mohr, 2012) and group interventions (Marshall & Wallace, 2009). A larger collection of evaluation examples would also allow for greater clarity on the functions of evaluations in different therapy contexts (informing, managing participation,
soliciting responses from clients etc) and how various functions are distributed within therapy (Simmons-Mackie et al., 1999). This kind of detail would provide a stronger basis for beginning to map the preference structure of evaluations on particular therapy tasks, and their relationship with theories of learning.

As Clark (2009) indicates in relation to psychotherapy, SLT interactions are longer than typical medical interactions and involve relationships that develop over time. Longitudinal research in different professional domains would also provide important information about how the client-as-learner exhibits increasing ability to self-monitor and self-correct errors, as Martin (2009) has shown in her longitudinal study of a physiotherapy client. Another advantage of longitudinal research would be the potential for both client and therapist to get used to the recording process and to fall into more natural patterns of interaction. One of the challenges facing researchers interested in therapy talk is the impact of participant awareness of recording process, and the links to research aims, on the way they interact. Notwithstanding the very real challenges of getting informed consent from clients with communication difficulties, such research would provide invaluable insights into the ways clients themselves perceive their impairment, the support they receive to understand the interventions designed to improve their communicative competence and quality of life, and how perceptions and understandings change over time.

The clarification of evaluation practices in different professional domains needs to be underpinned by ethnographic studies of different clinical contexts (Clark, 2007). This is a prerequisite to better understand the heterogeneity of contexts in which speech and language therapy interactions are conducted. The benefit to the profession of a better understanding of different therapeutic contexts is likely to be an enhanced appreciation of the ways in which different configurations of people, place, activity and modes of communicative interaction provide for different rules of engagement, and involve different social roles and responsibilities.

### 8.11 Concluding comments

This research addresses the need, expressed powerfully by Ferguson & Armstrong (2004), for more empirical research into the nature of clinical interactions between speech pathologists and their clients, and in particular into the gap between theory and practice with regard to clinician-client interaction. This research found that there is a gap between the practice of evaluations in SLT interactions and the theoretical discussion of supporting clients to evaluate their own performances. The ultimate goal of therapy is to enable a client to use speech and language abilities for successful
interaction in their everyday life. Through the stances they take on client performance, SLTs reiterate their epistemic status and assume the epistemic rights to define the nature and progress of therapy, thus limiting the client access to the very epistemic territory that therapy is supposed to chart – that of ‘improved client performance’. The nature of talk in therapy task environments allows minimal space for clients to judge their own performance. The institutional nature of the talk seems to work against one of the important long-term goals of the interaction, namely the client’s independent ability to perform speech or language activities ‘well’.

An exploration of evaluation and feedback is central to understanding how SLTs engage with the important professional role of ‘performance shaping’, as well as to understanding the challenges involved in juggling a focus on communicative competence with a focus on supporting positive client self-identity. An analytic interest in how the work of ‘therapy’ is accomplished, and in the particularities of therapeutic interaction, needs to be central to the development of professional expertise for SLTs. Psathas (1995) uses the term “haecceity” (Psathas, 1995:139-155) in relation to describing the particularities of different kinds of interaction. It may well be that using such terms could help to foreground the importance of aspects of interaction that are more commonly taken for granted. As Freed & Erlich (2010) argue, closer attention to the way professionals organise institutional interactions is important because “we live in a time of unprecedented social change … the nature of discourse used in these (cultural) institutions [is] subject to the pressures of this change” (2010:1). As the therapeutic landscape changes, the SLT profession might use the results of interactionally based analyses such as CA to better understand the impact of their own talk on the outcomes of therapy with clients. Interrogating our, largely unconscious, professional stocks of interactional knowledge (Perakyla & Vehviläinen, 2003), with a view to successfully building effective therapeutic interactions, is a challenge for the whole profession. Current professional practice might be ‘all good’, but it could potentially be better attuned to the longer term learning needs of clients.
### Appendix A: Transcription Notation

<table>
<thead>
<tr>
<th>Notation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>[, ]</td>
<td>Marks the beginning of an overlapping utterance – current speaker</td>
</tr>
<tr>
<td>[, ]</td>
<td>Marks the beginning of an overlapping utterance – other speaker(s)</td>
</tr>
<tr>
<td>::</td>
<td>marks the lengthening of the sound that it follows; each symbol indicates one beat</td>
</tr>
<tr>
<td>(. )</td>
<td>a micro silence within an utterance, less than one tenth of a second</td>
</tr>
<tr>
<td>(0.4)</td>
<td>silences within and between utterances, timed in tenths of a second.</td>
</tr>
<tr>
<td>=</td>
<td>two utterances are produced with no time interval between them</td>
</tr>
<tr>
<td>.</td>
<td>falling intonation</td>
</tr>
<tr>
<td>,</td>
<td>continuing intonation</td>
</tr>
<tr>
<td>?</td>
<td>rising intonation</td>
</tr>
<tr>
<td>-</td>
<td>an abrupt cessation of word, ‘cut-off’</td>
</tr>
<tr>
<td>↓ or ↑</td>
<td>direction of marked pitch changes; symbol placed before the relevant syllable.</td>
</tr>
<tr>
<td>word</td>
<td>Underlining indicates a word or part of a word, is said with emphasis</td>
</tr>
<tr>
<td>WORD</td>
<td>Capital letters indicate word or part of a word is louder than surrounding talk</td>
</tr>
<tr>
<td>&gt; &lt;</td>
<td>utterances said at a more rapid rate than surrounding talk</td>
</tr>
<tr>
<td>(xxx)</td>
<td>words that were not audible and therefore were not able to be confidently transcribed</td>
</tr>
<tr>
<td>. .</td>
<td>talk that is quieter than surrounding talk</td>
</tr>
</tbody>
</table>
Appendix B: Different Learning Theories and their Implications for Education (Millwood 2013)

Source: http://cmapspublic3.ihmc.us/rId=1LGVGY6-CX5CZ-12G3/Learning%20Theory.cmap


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Snow, P. C., Sanger, D.D. & Bryan, K. (2011). Listening to adolescents with speech, language and communication needs who are in contact with the youth justice system. In S. Roulstone, & S. McLeod, (Eds). Listening to children and young people with speech, language and communication needs (pp. 111-120). London: J&R Press.


