The generation and utilisation of case descriptions within a multi-disciplinary mental health team meeting

D. Clin. Psy Thesis submitted to
The University of Leicester
Centre for Applied Psychology – Clinical Section
Faculty of Medicine
In partial fulfilment of the degree of
Doctor in Clinical Psychology

August 2003

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ACKNOWLEDGEMENTS

I would like to acknowledge the following for their assistance with this work. Denis Salter, without whose input I could neither have started nor finished. In addition, Joanna Teuton, all those who attended the qualitative research group, including the facilitator Alison Tweed, Dave Harper for encouragement early in the process, Mary Horton-Salway for some useful pointers, Peter Corr for his input throughout the process, Lynne Battersby for her ear, support and invaluable feedback, and finally, for the support of my family, particularly my parents.
THE GENERATION AND UTILISATION OF CASE DEFINITIONS WITHIN A MULTI-DISCIPLINARY MENTAL HEALTH TEAM MEETING

ABSTRACT
Research relating to Community Mental Health Teams (CMHT’s) may be seen to focus predominantly upon measuring effectiveness. Studies which take a broadly social constructionist perspective of language as constitutive and purposive are relatively rare. Such research has clinical relevance since it reveals as consequential the ways in which mental health professionals represent their clients. This study examines the generation and utilisation of case definitions by participants in a single community adult mental health team allocations meeting. The conversation analytic approach adopted seeks to reveal the orderliness of the interaction, which participants can be shown orientating to as orderly with each turn of talk. The first part of the analysis shows how, in their orientation to orderliness on a turn-by-turn basis, participants co-construct this interaction as an allocations meeting. This, it is argued, produces a unique interactional context in which case definitions are generated. The second part of the analysis reveals how case definitions are generated and utilised within specific interactional contexts to accomplish situated work. The main themes arising from this analysis are discussed and include the orientated-to orderliness of the interaction, talk as context, the constructed, purposive nature of case definitions and the variability of descriptions across sequences of interaction. The clinical implications of this study are discussed and relate to the representation of clients in talk and the encouragement of reflexive practice. The implications of the Conversation Analytic perspective for Clinical Psychology research and practice, as well the notion of internal mental states are discussed. Issues pertinent to this study, such as power, social identities and use of data from a single case are critically reviewed. Finally, it is argued that there is a need for future Conversation Analytic studies which build upon the findings presented.
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1. INTRODUCTION

1.1 Chapter Overview

This study examines the generation and utilisation of case definitions in a Community Adult Mental Health Team (CMHT) meeting known as the 'allocations meeting'. The study adopts a social constructionist perspective, an aspect of which suggests that knowledge and our understandings of the world are "sustained by social processes" (Burr, 1995; p4). A detailed explanation of the epistemology is given in sub-section 2.2.1. In this study the term case definition refers to the way in which a client is represented within a sequence of interaction. These representations of clients are seen as constituted, sustained or changed through interaction, hence the terms case definition, description and representation come to be used interchangeably throughout the text. The focus is upon language and the action it performs within the interactional context in which it is produced.

Initially, as a means of enabling an understanding of the institutional setting in which the study was conducted, an outline of the evolution of CMHT's in the United Kingdom is presented. This is followed by a review of literature that highlights the similarities and differences between such teams, which it is argued may be largely due to the nature of their formation. The manner in which CMHT's can be observed to generally function, it is argued, corresponds most closely with theories of multi-disciplinary team working. A definition of multi-disciplinary team working is presented as existing on a continuum with other theories of team working. Its place upon this continuum is characterised by the degree of collaboration in contrast with other theories of team working.
Much of the research related to Community Mental Health Teams concerns itself with clinical effectiveness and the efficacy of the multi-disciplinary model. It is argued that research examining CMHT’s in action is lacking. From the perspective adopted in this study the accomplishment of team work is viewed as interactionally achieved. With reference to literature, it is suggested that the goal orientated, institutional nature of interaction within health care teams has consequences for the way in which cases are represented in talk. Indeed, research which views language as purposive shows that descriptions of clients can be seen as co-constructed in the talk by team members.

A further central point, highlighted with reference to research, is that these descriptions of clients may be understood as performing actions within the interactional context in which they are produced. Rather than seeing descriptions as attempts to neutrally represent an out-there-reality, a review of the literature suggests a variety of social actions being performed. Language used in interaction may be seen as having an impact upon people. It is argued that the value of research, such as the examples reviewed, is that it may enable teams to more readily reflect upon both the constructive and consequential nature of their talk, whilst opening up the possibility of alternative ways of representing clients under their care.

As a means of more specifically introducing the perspective employed in this study, an example of research which uses Conversation Analysis is reviewed in detail. In this study the aims of Conversation Analysis are summarised as revealing the interaction as orderly, and showing how this orderliness is orientated to by participants in their talk together. Finally, the aims of this study are outlined.
1.2 The evolution of Community Mental Health Teams

The provision of mental health care in the community has its origins in the closure of large psychiatric institutions, brought about by government policies aimed at reducing hospital beds for the severely mentally ill in favour of locating services within non-hospital settings (Tyrer et al, 1998). However, the emergence of Community Mental Health Team’s (CMHT’s) in the United Kingdom during the early 1970’s was largely a product of local innovation. Consequently, inconsistencies have been found between CMHT’s, which reflects the nature of their foundation. Research has suggested inconsistencies with regard to aims (Sayce et al, 1991), function (Onyett et al, 1994) and constitution of CMHT’s (Onyett et al, 1994; Carter et al, 1995). In addition, inconsistencies have been noted in terms of the criteria for accepting referrals and the stability of these criteria within teams. For instance, Patmore and Weaver (1991) highlighted that within ten such teams there had been drift away from providing care for clients with severe and enduring mental health problems. As Goldberg and Huxley (1992) point out, most individuals’ mental health needs are addressed within Primary Care, with less than one fifth being referred on for secondary opinions and treatment. Patmore and Weaver (1991) show CMHT’s moving towards the group of clients for whom care had traditionally been provided by General Practitioners (GP’s), the criteria for the acceptance of referrals being locally determined.

Patmore and Weaver (1991) also describe how during the early evolution of CMHT’s there was a lack of consultation with Primary Care. This, it is said, resulted in Primary Care staff expressing several reservations about CMHT’s. These reservations may be summarised as follows. Firstly, the fact that CMHT’s were organised around
social services boundaries meant they were not co-terminus with those of GP's catchment areas. Secondly, it was perceived that teams held what were described as idiosyncratic views about the aetiology and nature of mental health problems. Finally, reservations were expressed about the fact that CMHT's were being increasingly led by professions other than doctors. Onyett et al (1994) revealed that one in five CMHT's in England did not include a Consultant Psychiatrist.

It should be stressed that CMHT's do not exist in a vacuum unaffected by governmental policy. For example, the all Wales Mental Illness Strategy (Welsh Office, 1989) included plans to establish CMHT's throughout Wales. However, due to the bottom-up nature of CMHT foundation, the relationships between different professionals within teams have had to be negotiated at a local level. Whilst there is literature that suggests roles for the different professionals working CMHT's, there is no national guidance as to how such negotiation might be undertaken (Sainsbury Centre for Mental Health, 1998). In summary, what has been indicated here is that there is variability between CMHT's. Much of this variability may be seen as rooted in their character being defined initially through local arrangements. The following section will review research which seeks to highlight commonalities between Community Mental Health Teams in terms of aims, services provided and their constitution.

1.3 The aims, function and constitution of Community Mental Health Teams

Sayce et al (1991), in a national survey, found that most CMHT's had widely encompassing aims. Whilst acknowledging these differences between teams, the aim of this section is to examine points at which the teams converge. Sayce et al (1991)
showed aims such as improved professional liaison, ease of access to service, primary prevention of mental illness, building community links, secondary prevention and multi-disciplinary teamwork were common to most teams. In later surveys which examined the frequency with which specific services were provided by CMHT’s, multi-disciplinary work with clients after assessment was found to be commonly provided. For example, Onyett et al (1994) found in England that 94% of teams provided this service. In Scotland the figure was a comparable 95% (Health Service Research Unit, 1996).

With respect to the constitution of CMHT’s, the all Wales Mental Illness Strategy (Welsh Office, 1989) included a recommendation that core multi-disciplinary team work should encompass medical, nursing, social work, psychology and occupational therapy personnel. Whilst this gives some idea of the types of professions who might typically be found with a CMHT, as already highlighted the composition and nature of CMHT’s varies throughout the United Kingdom.

Recent government policy has set out to address the variability between CMHT’s on a number of levels, including their constitution. For instance, it is suggested that CMHT’s should be constituted of Community Psychiatric Nurses, Social Workers, Occupational Therapists, Clinical Psychologists, Medical staff, Mental Health Support Workers and a Consultant Psychiatrist (Department of Health, 2002). The same document proposes three distinct functions as required of CMHT’s. These are (1) “Giving advice on the management of mental health problems by other professionals – in particular advice to primary care and a triage system enabling appropriate referral” (2) “Providing treatment and care for those with time-limited disorders who
can benefit from specialist interventions” (3) “Providing treatment and care for those with complex and enduring needs” (p5).

1.4 An understanding of multi-disciplinary team working

Recent initiatives also promote the use of a multi-disciplinary approach to CMHT working (Department of Health, 2002). In order to facilitate an understanding of multi-disciplinary team working this model is presented as positioned on a continuum that includes inter-disciplinary and transdisciplinary models of team working. These models vary in terms of the degree of collaboration between disciplines.

Saltz (1992) describes a multi-disciplinary team as being constituted from several different professions with specialised training who work in parallel with one another. However, it has been argued that health care workers working with a multi-disciplinary model tend towards taking on generic roles (Norman et al, 1998). The primary objective of the multi-disciplinary team may be seen as co-ordination in providing services for the target client group. Sands (1993) suggests that team members accomplish this in conference with each other and by division of labour. The notion of accomplishing work in conference with each other is central to this study and will be developed further in subsequent sections of the introduction.

By way of contrast, members of interdisciplinary teams are regarded as engaging more collaboratively with each other than those working to a multi-disciplinary model, sharing responsibility and engaging in joint activity (Sands, 1993). The third variety of team working, transdisciplinary, has been characterised as displaying greater integration than multi-disciplinary or interdisciplinary ways of team working.
It is theorised that the greater the integration between the professional groupings that constitute teams, the more this enables a common language to be developed through which team work is transacted. This common language, which results from an integrative approach to team working, is said to make more transparent the values and terminology of the respective professions (Clark, 1994; Rosenfield, 1992).

These three models of team working are presented as lying at various points along a continuum, characterised by increasing degrees of collaboration with multi-disciplinary team working being the least collaborative (Sands, 1993).

1.5 Community Mental Health Teams and Research

This section will examine research as it relates generally to CMHT’s. The aim here is firstly to give an outline of the nature of the research which has been undertaken in these settings. Secondly, it is to demonstrate that there is a gap in the research, which the current study has been designed to address.

Much CMHT research to date concerns itself with clinical effectiveness. For example such studies claim that CMHT input leads to reduced duration (Marks et al, 1994) and frequency (Tyrer et al, 1988) of hospital admissions, thereby reducing bed occupancy. In cases where the CMHT is able to establish contact with clients who are designated with severe and enduring mental health problems, it has been claimed this better facilitates opportunities for identifying changing client needs and plan care accordingly (Onyett and Ford, 1996). In terms of the alleviation of symptoms, it has been argued that CMHT’s are as effective as hospital-based provision (Muijen et al,
Furthermore CMHT provision is reported to be more cost-effective than in-patient or out-patient programmes (Knapp et al, 1994).

Galvin and McCarthy (1994) question studies which suggest CMHT’s provide enhanced outcomes and improved quality of care. They suggest that the multi-disciplinary working is conceptually flawed due to the pervasive influence of the medical model. Within a multi-disciplinary model of team work, heavily influenced by the medical model, the boundaries between professions tend to blur. Filson and Kendrick (1997) suggest that the core tasks need to be more clearly defined and that it would be advantageous to a functioning team if it were constituted of a mix of skills. However, the definition of role and responsibilities is made difficult due to the extent of overlap between some of the professions that constitute the team.

1.6 Rationale for the current study

The research relating to multi-disciplinary teams introduced above concentrates predominately upon issues such as output measures and meeting the needs of clients under the care of these teams. What appears to be lacking are studies which examine health care teams in action, and more specifically CMHT’s. It has been argued that a useful area to investigate is the interactions that health care professionals have with one another, since these interactions are arguably the site at which knowledge and understanding, for example about clients and their care, are produced (Atkinson, 1994; 1995). Crepeau (2000) has highlighted that whilst areas such as misunderstandings between doctors and patients are reasonably well represented within the literature, studies which focus upon interactions within team meetings are relatively unusual. Team meetings have been described as a means of facilitating
communication between individuals working in health care, with the broad aim of co-
ordinating clients care (Buckholdt and Gubrium, 1979). Such research reveals as its
focus the act of co-ordination as an interactionally managed, constructive enterprise,
produced by the participants. Crepeau (1994) posits that team members may be
largely unaware of the way in which, through their interaction with each other, an
impression of unity can be formed bearing in mind the variety of perspectives
observable. It is from this perspective that team work itself may come to be regarded
as what Griffiths (1997) describes as an "ongoing practical accomplishment" (p60) on
the part of participants. This apparent gap in the research, namely team interaction as
a form of social action, has precipitated the current area of enquiry.

1.7 The institutional context and interaction

From a common sense perspective it could be argued that interaction within a CMHT
meeting would be of a specialised nature due to the specific tasks at hand, particularly
when one considers this form of interaction in contrast to everyday conversation. The
following section will focus upon interaction within health care teams. The aim of
here is to highlight the institutional nature of the interaction with reference to the
literature.

The institutional setting can be seen as relevant to the interaction where it is
considered that the practice of members of health care teams is inextricably linked to
the institutional situation and policy environment in which they work (Youseff and
Silverman, 1992). It is suggested that this might reveal itself in institutional
discourse. For example, Byrd (1981) noted that staff in health care settings could be
observed to selectively attend to the patient characteristics that fit with specific
organisational needs. Gubrium and Buckholdt (1982) cite discussion of a case in which staff were attempting to decide how a longer than planned placement could be warranted. It was concluded by the researchers that the resultant classification generated of this particular client as a psychopath could be seen as both a reactive and situational. The generation of the label psychopath is seen as reactive and situational by the authors in the sense that it is bound up with the specific organisational matters being addressed at that particular time. It is suggested here that the business of an institution, as revealed in the interaction, has consequences for ways in which clients are represented by participants.

Other research has shown that the ways in which CMHT’s are constituted and operate may have implications for the ways in which clients are represented in talk. Opie (1997) observed competing, even polarised representations within teams, which she hypothesised were informed by participants positioning within the team and by their discipline. A study by Griffiths (1997), focussing upon interaction within two Community Mental Health teams, shows that the different ways in which teams were constituted and had evolved were consequential for both the ways in which clients were diagnosed and the ways in which a team came to define its target population. The perspective adopted here is one of team work being an interactional accomplishment in a state of ongoing renegotiation by participants; the institutional business being reflected in the varied ways in which patients are classified.

It is not intended that the findings presented in this section be interpreted to suggest that the institutional context simply impacts upon or even dictates how clients are represented in talk. As highlighted, team work, such as co-ordination, consensus and
representations of clients should be regarded as ongoing interactional accomplishments. A central point being made here is that the ways of accounting for clients, the descriptions constructed of them and how their needs are to be addressed, both depend upon and re-produce in talk, the business of the organisation (Buckholdt and Gubrium, 1983).

1.8 Descriptions of clients as constructed in talk

An emerging pattern from the literature is one of health care teams constantly engaged in negotiating and renegotiating their identity, and that of clients under their care, through their interaction together. These identities, it has been argued, are inextricably bound up with the organisational environment. The following section, with reference to literature, will discuss in greater detail the constructed nature of representations of clients in interaction.

Underpinning this study is the notion that versions of the world may be observed as actively constructed in discourse. Parker (1990) refers to discourse as being language organised into sets of texts and discourses as systems of statements within and through those texts. Whilst the data of interest in this study is specifically team interaction, some studies examine other ways in which teams represent clients, for example through clinical writing (see Barrett, 1988). Discourses may be seen as intimately related to social structures and social practices. Social practices may be described as actions which produce and support social structures (Burr, 1995). In the current study the social practice under scrutiny is the interaction that constitutes a CMHT meeting. More specifically the focus of this study is the ways in which cases come to be represented within this interactional context and the actions these
representations accomplish. The social structures produced and supported in this interactional context may be many and varied, but could include for example psychiatry, psychology and nursing.

Stainton-Rogers (1991) points out, with regard to accounts of clients' health, that these representations are situated achievements, constructed from the discourses available within a given culture. With specific reference to psychodiagnosis, Griffiths (1997) contends that the identities constructed for clients in community mental health team settings are not merely dependent upon the nature of the pathology. These constructed identities are also dependent upon the dynamics of the team discourses. In this respect the factuality and authenticity of these accounts may be an issue for interactants in so much as they may be regarded as discursive accomplishments (Horton-Salway, 2001).

1.9 Descriptions as an interactional accomplishment

Soyland (1994) has suggested that psychiatric descriptions result from interactants orientating to the accepted professional way of discussing clients. It is argued that such descriptions are not to be regarded as facts or statements of truth that can be mastered. Rather they may be viewed as devices which may or may not be called upon to do things at specific points in an interaction. For example, the facticity of diagnosis is produced in talk as though it had real existence within the client, rather than being a statement designed to perform a specific action at a certain point in the interaction. Its presentation as common sense and beyond question is what is argued to give it the status of fact or taken-for-granted-knowledge (Burr, 1995) in the interactional context in which it occurs. It is stressed here that whilst team members
may indeed come to use factual descriptions in this way, it is not being suggested that
these ways of describing have greater veracity wherever they are produced in the
interaction. Factual ways of accounting may be but one of a number of ways of doing
things. For example, Griffiths (1997) shows how members of a community mental
health team construct versions of clients which compete with diagnostic accounts.
For example, through the presentation of an alternative representation it is
demonstrated that the client’s behaviours may be seen as normal responses to
distressing events, rather than resulting from any psychopathology. Such competing
descriptions are said to allow participants in the meeting to create a group of clients
whose needs would be more appropriately met by Primary Care, whilst also producing
in the interaction their catchment group, the seriously mentally ill.

Where the analytic focus is on how co-ordination and consensus are accomplished in
interaction, one can begin to see descriptions not merely as the product of dominant
knowledge derived from one discipline (Opie, 1997). Descriptions, from a discursive
perspective, may be seen as interactionally managed events, unique to the sequence of
talk in which they occur.

Sacks (1989) observed dichotomies as one means of performing actions within talk.
For example, Barrett (1988) noticed that in the process of clinical writing about
clients diagnosed with schizophrenia, their thoughts and behaviour were presented
through dichotomies such as thought/emotion, delusional/non-delusional and
mind/body. These oppositions at certain points in talk may be seen to allow for
situated work, such as making comparisons and contrasts. Rather than view, for
example, the mind/body dichotomy as a neutral representation of taken-for-granted
knowledge, it is argued here that its meaning is tied to the interactional context in which it occurs (Horton-Salway, 2001).

1.10 Inconsistency and variability

The broadly constructionist perspective unfolding in this review of the literature suggests that client problems are not discrete entities, which the team are able to reflect upon objectively in conversation. It is being suggested that these descriptions of client problems are inextricable from the interpretative actions of the team (Crepeau, 1994). In this respect variability and inconsistency are expectable. For example, Soyland (1994) revealed how over the course of an interaction about a client, inconsistencies were revealed in the respect that a client came to be described as both active, through social and personal forms of accounting, and passive, inferred from a neurochemical form of accounting.

Crepeau (2000) argues that research findings can have a positive impact upon the care a client receives through the way in which they highlight this variability and inconsistency as sense making activity on the part of the team, which generally happens unnoticed. She demonstrated, through analysis of team interaction in meetings, that images of a patient held to be impervious to change could be seen to shift. From this perspective a myriad of possible ways of representing clients opens up and enables acknowledgement that different representations have consequences for the care a client may be offered. As Soyland (1994) showed, an account based upon social and personal information facilitates the description of a social solution. However, a bio-chemical account, within a certain interactional context may more readily offer the possibility of medication as a solution. Thus the notion that such
inconsistencies should be expected becomes understandable in the respect that
descriptions of clients are produced at certain points in the interaction to achieve a
specific purpose.

1.11 Talk about clients as purposive

What is meant when it is said that descriptions may be understood to perform social
actions in the context of multi-disciplinary team meetings? It has been suggested in
the previous section that the way in which clients are accounted for can constrain the
type of care option produced in subsequent interactional sequences. In this sense
descriptions of clients may be seen as consequential or active, rather than neutral
reflections of the state of things.

As Griffiths and Hughes (1994) point out, whilst the team meeting may commonly be
seen as a rational and professional part of the caring process in health, the influence of
the moral evaluation of clients and the stories told is relatively unacknowledged. The
example they give relates to how staff built an evaluation of client motivation into
their stories as a means of justifying their actions. Motivation in this respect may be
seen as a moral evaluation in that it is inferred rather than directly observable. In this
sense it is incumbent upon the team member speaking to produce a convincing
version in the talk of the client as motivated or unmotivated as a means of enabling an
action. Since we do not have access to truth here, all that can be scrutinised is the
action the speaker performs with what they say (Horton-Salway, 2001). It is in this
sense that the focus upon talk as purposive can come to be understood.
Further examples from the literature help to illustrate this notion of talk about clients as action. For example, Good (1994) suggests that cases may be formulated in medical terms to the exclusion of alternative presentations that do not facilitate decisions relating to diagnosis and treatment. Such formulations are entwined with organisational concerns such as time constraints. Here, case construction may be seen as a creative process designed to perform certain actions and informed by a specific organisational context. It has been argued that the clinical relevance of such observations is that representations, as a social practice, are a part of the discourses through which team work is enacted (Opie, 1997). Consequently, these representations perform observable actions which impact upon the care clients received from health care teams.

Gubrium and Buckholdt (1982) observed how staff constructed descriptions, not only in an attempt to accurately depict problems and treatment, but also to act upon an external audience, which in this case were resource providers. Whilst acknowledging that staff attempted to produce accurate descriptions of clients, these descriptions could also be seen to be performing a variety of other actions. For example, anticipating what it is thought the recipient of the description will expect, presenting professional competence, displaying sympathy for clients needs which are unable to be met by an inflexible system and attempting to enable the flow of resources.

1.12 Application in the Clinical Setting

Opie (1997) observed how the more complex a case became, the further removed teams became from the effects that their representations have. The team in relation to the case described was said to take a needs related approach in the face of
organisational demands and client distress. However, it was argued that this needs related discourse produced a representation of a “technologised, physiologically (mal)functioning body, divorced from its social and psychological expressions” (pp275).

Crepeau (2000) argues that because the main concern of team work is not the constructed nature of client representations, the significance of this may go somewhat unrecognised by participants. It could be argued that studies, such as those already reviewed, facilitate a reflexive approach to practice. Reflexivity may be defined in this context as “the capacity of any system of signification to turn back on itself, to make itself its own object by referring to itself” (Myerhoff and Ruby, 1982; pp1-2). Marks’s (1993) work, which reports on a follow-up study to discourse analysis of an educational case conference, represents an example of reflexivity in action. The aims of presenting the research to the team were to help them develop an understanding of the case conference as a rhetorical production and uncover alternatives to representing the subject of the meeting, Mike, as the problem. Such discussions may demonstrate how the ‘attitudes’ of team members, rather than being fixed, are produced in a specific interactional context. Opie (1997) contends that this kind of debate about representational practices is possible within the time generally spent discussing a client. The value of questions such as “How does the team, in its discussions, conceptualise its activity”, “How do these position the client” and “How do they affect team/client interaction” (p274) may open the floor to alternative conceptualisations.
To summarise, a research focus upon talk as purposive and situated can be seen to enable a reflexive approach thereby opening up to team members the consequential nature of the ways in which they co-construct client representations. As Crepeau (1994) states, "The constructive aspect of team meetings is seen to challenge the image of these meetings as an efficient mechanism to report patient progress and the assumption that the provision of health care to human beings can be entirely rational and efficient" (p721).

1.13 Conversation analysis in the clinical setting – a single case

The focus thus far has been upon the constructive and active nature of language in specific institutional settings. The aim of this section is to introduce a perspective on interaction which will be applied in the current study. It is intended that by detailing how one study using this approach was undertaken in an institutional setting the general principles underpinning this study will become clearer.

Sharrock and Anderson (1987) showed how Conversation Analysis might be applied to doctor/patient consultation. Firstly, their focus was upon the recognisability what was being done through the talk of interactants that constituted it as a doctor/patient consultation. They talk of how the activities which would be taken to characterise such an encounter are visible in the talk. A second point is the way in which the interactants can be seen as orientating to an orderliness in the interaction, thereby producing in and through their talk the consultation as a consultation. The doctor/patient consultation therefore may be seen as an interactional accomplishment with both parties involved in bringing this off in collaboration with each other. Finally, the doctor/patient consultation, since it is an orientated-to interactional
accomplishment, may be seen as a unique, situated achievement; the construction of
doctor/patient consultation being re-negotiated or re-achieved with each turn of
talk. The Conversation Analytic perspective, it is acknowledged, may raise concerns
about the perceived exclusion of wider social issues such as class, race and gender.
However, such concerns are answered with reference to the aims of Conversation
Analysis, which seeks to explicate the orderliness of interaction as orientated-to by
participants. Therefore such research may be seen as legitimately seeking to address
the concerns of Conversation Analysis rather than those of sociology generally.

1.14 The aims of this study

The current study aims to examine the generation and utilisation of case descriptions
within an adult community mental health allocations meeting from a Conversation
Analytic perspective. Case descriptions are treated as produced by participants in
specific interactional contexts to perform specific actions. The issues under
investigation here are twofold. The initial issue related to the meeting being viewed
as an orientated to, orderly interactional achievement. The reason analysis seeks to
explicate an orientated to orderliness in the interaction is that this gives the context in
which descriptions are generated. At face value a reading of the transcription could
be taken to reveal as obvious the interaction as a community mental health team
allocations meeting. However, the analysis will attempt to show at a micro level how
the meeting may be viewed as an interactional achievement. To paraphrase Edwards
(1997) the concern of the analyst is with the meeting as a discursive accomplishment,
rather than truth status of its content. Secondly, the study seeks to investigate how
descriptions are generated and utilised within sequences of interaction. The
descriptions are treated as socially produced, rather than as reflections of the
participants' internal world or irrefutable truths about clients. In fact constructs such as belief, attitude, attribution and motivation become respecified as topics of participants talk when descriptions of clients are constructed in and through talk (Edwards and Potter, 1992).
2 METHOD

2.1 Chapter Overview

The method section of the study is comprised of four main sections. These sections are entitled design, participants, materials and procedure. Included within the design section are sub-sections detailing the epistemological underpinnings of this study. The first is concerned with building an understanding of social constructionist thinking. The second sub-section is more specifically concerned with the analytic approach to the data. Details about the nature and number of the participants and the way in which they were recruited is detailed, in addition to an outline of the ethical considerations. Following detail of the materials used, the procedure section details how data were collected and transcribed. The procedure section continues, describing how the approach to analysis was informed, how the quality of the research was ensured, finally discussing the researcher’s position with regard to reflexivity.

2.2 Design

2.2.1 Epistemological issues - Social constructionism

A perspective of knowledge referred to as Social Constructionism underpins the current study. Key to Social Constructionist perspectives is an emphasis upon language. Since language is seen as constructive it is not possible to provide a definitive statement on social constructionism. However, Gergen (1994) has presented five basic assumptions for a social constructionist science. Each of these assumptions will be highlighted, with some explanation given.

The initial assumption posits that our representations of objects are not contingent upon the objects themselves. From a constructionist perspective these ways of
representing the world can be said to "construct the objects which then come to populate our world" (Madill, Jordan and Shirley, 2000; p12). This statement has implications for psychology, which as Gergen (1985) suggests, studies abstract concepts that have no direct counterparts in the physical world. Therefore psychology from a constructionist perspective does not theorise actions as being the result of mental processes, but rather how psychological conceptualisations, for example cognitions, attitudes and remembering, are generated and utilised within interaction (Potter, 1996). Consequently, psychological knowledge may be seen as constructed between people. This explains why from a constructionist perspective social interaction, in particular language, is of great interest (Burr, 1995).

Secondly, it is suggested that it is social processes, such as communication, negotiation, conflict and rhetoric, that maintain given understandings across time, rather than the empirical validity of a specific perspective. A crucial issue here is that each different construction of the world, arrived at through interaction, may be seen to invite a different kind of action from human beings. An illustrative example presented earlier suggested that where clients' problems are constructed in medical terms they facilitate medical actions (Good, 1994). Knowledge and social action therefore are inextricably linked (Burr, 1995).

Thirdly, it is suggested that the terms by which we account for the world, and ourselves, are produced through historically and culturally situated exchanges between people. Gergen (1985) has referred to these situated understandings as social artefacts as they are bound to the context in which they occur. Burr (1995) states that,
from a constructionist perspective, all ways of understanding are historically and culturally relative.

Fourthly, the significance of language is derived from its use in interaction. Burr (1995) comments that the way everyday interactions between people can be shown to actively produce forms of knowledge we might take for granted is key to understanding a constructivist perspective. Language, therefore, is crucially significant. Rather than being viewed as a tool which provides neutral representations of the world around us, language is constructive in interaction. In this respect descriptions and explanations of the world around us can be seen to constitute forms of social action (Gergen, 1985). Descriptions therefore may be understood as constructed in talk in order to do things or perform actions.

Finally, it is suggested that through the appraisal of discourse we evaluate patterns of cultural life. By doing so we give voice to the variability within and between accounts. The aim of social inquiry therefore shifts from questions about the nature of people or society and towards consideration of how certain phenomena or types of knowledge are achieved by people in interaction. As Burr (1995) suggests, knowledge is not seen as something that a person has, or does not have, but is something that people do together.

Potter (1996) highlights a range of approaches to research encompassed within a constructivist framework. These approaches may be described using the term discourse analysis. In its broadest sense discourse analysis is a generic term for a vast body of constructivist methods of doing research. Included within this framework are
discursive psychology and conversation analysis. It is noted that these constructivist
approaches tend to be broadly oppositional to traditional approaches to research
within social sciences, particularly with regard to the latter’s realist assumptions.
Indeed constructivist approaches, such as discursive psychology and conversation
analysis, can be said to treat realism as a rhetorical production that can be
deconstructed and analysed (Potter, 1997). This notion of rhetorical production is
fundamental to Billig’s (1987) work, in which he notes that the discourse in situations
of dispute is organised to contrast with competing accounts. An additional
commonality of constructionist approaches is the tendency to view mind and action as
linked to specific cultural forms and built from the symbolic resources of a culture.
Language, and the way it is organised in interaction, may be seen as one such
symbolic cultural resource which can be conceptualised in a variety of ways.
However, it is language that links constructionist approaches in the sense that it is
viewed as the central organising principal of construction (Potter, 1996).

2.2.2 Epistemological issues - Discourse Analysis

Language is central to discourse analytic research approaches. However, discourse
research may approach language in different ways. Potter and Wetherall (1987)
illustrate this point, suggesting that variability in the field of discourse analysis is such
that it would be possible to read two books on the subject of discourse analysis with
no overlap in content at all. Consequently, the aim of this section is to describe a
coherent and consistent account of the analytic approach used in this study. The
foundations of this approach include Discourse Analysis (Potter and Wetherall, 1987)
and the principles of Conversation Analysis, which have their origins in the work of
From a constructionist perspective, there are difficulties in viewing talk as merely a
vehicle for meaning, where speakers encode meaning into language and hearers
decode it. In highlighting these difficulties, Taylor (2001) points out that meaning is
fluid in interaction, therefore language should not seen as transparent and reflective.
Language, as has been argued, should instead be seen as constitutive. This can be
taken to mean that conversation, or talk-in-interaction, is the site where meanings are
created and changed.

Conversation analysis is rooted in the work of Harvey Sacks (1992), which started in
the early 1960’s. In explaining how he came develop his ideas, Sacks stated that he
approached tape recorded conversation, not from any theoretical preconception of
what should be studied, but because it was available and others could look at his
analysis, making what they would of it (Atkinson and Heritage, 1984). His early
interests were in how certain conversational actions seemed to go together, such as a
greeting of ‘hello’ being met with ‘hello’, questions being followed by answers and
invitations being followed by acceptance/rejection. These particular initial
observations of conversational actions came to be termed ‘adjacency pairs’. Crucially
underpinning the conversation analytic approach, a ‘normative’ character for paired
actions is suggested (Wooffitt, 2001). It is suggested that a speaker’s production of a
first part ‘adjacency pair’ creates a slot into which a second speaker should produce
an appropriate second part pair. Potter and Wetherall (1987) comment that, based
upon these seemingly simple observations, conversation analysts have been able to
reveal complex organisations of talk. To illustrate this development further, with
reference to ‘adjacency pairs’, they cite the following interaction, which shows that
the second part of the pair may not always be found strictly adjacent to the first.
Extract 2.1 (Potter and Wetherall, 1987, p82)

Question 1  Kevin:  What’s on next?

Question 2  Jane:  On this channel or Four?

Answer 2  Kevin:  Four

Answer 1  Jane:  Ah, it’s that thing on the Sandinistas

Schegloff (1968) uses the term ‘conditional relevance’ to explain how the second part of an ‘adjacency pair’ is made relevant and expected by the production of the first part. Note that the normative character of such an interaction can still be demonstrated even though there may be ‘insertion sequences’, as in this example between Question 1 (first-part adjacency pair) and Answer 1 (second-part adjacency pair), where other actions are being performed.

The above extract can also be used to introduce a useful way of offering validation for the empirically based observations showing order, organisation and orderliness (Psathas, 1995) within talk-in-interaction, namely ‘deviant case analysis’. Rather than exceptions undermining observed patterns, cases that don’t fit with pre-existing findings can be used to refine theory, thereby strengthening the case for an observable interactional order. The reader is referred to the validity section for a further explanation of deviant case analysis.

Conversation analysis takes up the problem of studying social life by focussing upon talk as it occurs in interaction. The notion of language as social action can be seen as crucial, in that interactants are viewed as using language to do things (Potter and
Wetherall, 1987). Social actions are practical actions, and are to be examined as ongoing practical accomplishments within interactive talk (Psathas, 1995). Potter (2001) describes language as a means of doing things such as greeting, persuading, sowing doubts and so on. To understand what is being done with language, it is necessary to consider its situated use, within the process of an ongoing interaction. The sequential organisation of language is therefore of key importance. As ten Have (1999) comments, “what a doing, such as an utterance, means practically, the action it performs, depends upon its sequential position” (p6).

As social actors, interactants are seen as constantly orienting to the interpretative context in which they find themselves, and constructing discourse to fit that context (Gill, 1996). The talk is therefore about what all parties co-construct it to be as the interaction moves on; through the way in which they orientate to the previous utterances or turns of talk (Taylor, 2001). Sacks, Schegloff and Jefferson (1974) describe the machinery of conversation as ‘context sensitive’ in the respect that interactants design their utterances based upon what has happened during the previous turn of talk. However, in the sense that some of the resources called upon to transact business through interaction may not be tied to local circumstances the organisation of talk-in-interaction may be termed context-free. With reference to the current study, and taking into account the specific, goal orientated nature of the meeting, an area of interest is in how interactants adapt the orderly rules of mundane conversation thereby both producing and orientating to the interaction as a Community Mental Health team meeting.
For a conversation analyst, the interest is in what happens within the interaction. Background information may be seen as not relevant, and may actually distort the interpretation. Taylor, (2001) gives an example where including information regarding the gender of interactants may amount to a claim that gender is relevant to the interaction, whereas this may not be something that the interactants can be shown as orientating to in their conversation. Viewing conversation in this way provides an explanation for why discourse analysts in this tradition have been critical of researchers who approach a body of talk with preconceptions as to what it contains.

Potter and Wetherall (1987) present a metaphor of language as constructive. Discourse, then, is seen as manufactured from pre-existing linguistic resources. The notion of language as constructive highlights the myriad ways in which phenomena might be described (Gilbert and Mulkay, 1984). Analysis therefore concerns itself with methods of description and how resulting versions of phenomena come to be seen as fixed, concrete and external in relation to the speaker (Potter and Wetherall, 1987).

Billig (1987) suggests a further feature of discourse analysis, the rhetorical or argumentative organisation of talk, with analysis focussing upon how a particular version is designed successfully to compete with an alternative. Potter (1997) highlights discourse analytic concerns with participants' stake and interest, which are shared with the conversation analytic tradition. By way of explanation, Potter and Wetherall (1995) suggest that people treat others as agents with some stake or interest in their actions. By drawing attention to this, the recipient of such an action is said to be able to discount its significance or rework its nature. To illustrate, the following
demonstrates the speaker presenting himself as indifferent towards the object he describes, whilst a vested interest is discernible:

**Extract 2.2 (Potter, 1996)**

Jimmy: Connie had a short skirt on I don’t know

According to Hutchby and Wooffitt (1998) the use of “I don’t know” produces the speaker as not really noticing his wife’s dress exactly at the point where this is salient for him. This type of action can be termed ‘stake inoculation’. In this case a possible charge that his complaint reflects personal concerns he has, rather than an aspect of Connie’s behaviour, is defended against.

A significant aspect of discourse analytic thinking, already briefly mentioned, is that language is not taken to be reflective of internal states, such as cognitions, attitudes or beliefs (Potter and Wetherall, 1987; Edwards and Potter, 1992). Rather than seeing talk as a reflection of state of mind, talk and hearing are perceived as action. These actions are not theorised as being a consequence of mental processes (Potter, 1996). Mental entities such as cognitions, attitudes and beliefs are relevant to analysis in terms of determining how they are ‘talked into being’ (Heritage, 1984)

The following is a simple example which illustrates why the perspective taken in this study ignores whether or not talk is reflective of internal mental worlds, concentrating instead upon what is observable. Silverman (1997) highlights that, when responding to a ceremonial question such as ‘How are you?’ on certain occasions we can be said to ‘lie’. However, by responding in certain contexts by saying we are fine when we
are not, we demonstrate an appropriate concern for what we and others should do in
the specific situation. Furthermore, as Sacks (1992), in his first lecture states, “When
people start to analyse social phenomena, it looks like things occur with the sort of
immediacy we find in some of these exchanges, then, if you have to make an
elaborate analysis of it - that is to say, show that they did something as involved as
some of the things I have proposed – then you figure that they couldn’t have thought
that fast. I want to suggest that you have to forget that completely... Just try to come
to terms with how the thing comes off. Because you’ll find that they can do these
things” (p11).

This sub-section has presented a perspective of interaction as orderly, purposive and
constructive. A key point to be emphasised regards the observation that interactants
orientate to orderliness on a turn by turn basis in talk, thereby being constantly
involved in co-constructing the interactional order. It is this issue which will be
developed further in subsequent sections which can be seen as underpinning the
analytic approach.

2.3 Participants

2.3.1 Participants

The participants were members of a Community Adult Mental Health Team with
whom the researcher had worked approximately one year prior to their involvement in
the study. As a means of recruiting participants, the researcher met with this team on
the 22nd August 2001. During this meeting the aims and purpose of the research were
highlighted and queries from those present were addressed. The criterion for
inclusion was that participants present at the audio-taping of a multi-disciplinary
allocations meeting had given their prior written consent (*see Appendices 1*). Written consent was requested of participants during the ‘information giving meeting’ held on 22nd August 2001. Potential participants were reminded verbally that they were able to withdraw from the study at any time without having to justify their decision. All present at the meeting gave their written consent to take part in the study.

A single allocations meeting lasting two hours and twenty minutes was audio-taped. Such meetings were a weekly occurrence. A significant proportion of this meeting involved reviewing referrals of clients to the team and deciding what should be done with them. The following professions were present at the meeting, in addition to the researcher. Three Community Psychiatric Nurses, one Trainee Clinical Psychologist, not including the researcher, a Clinical Psychologist, an Occupational Therapist, an Approved Social Worker, a Consultant Psychiatrist and a Psychiatric Registrar. The group membership varied from week to week, due to factors such as annual leave and sickness. However, in terms of numbers present and the representation of the various professions, the meeting audio-taped was not atypical.

### 2.3.2 Ethical Issues

Several ethical issues needed to be addressed as a means of protecting participants and ensuring the confidentiality of client information revealed during the course of the team meeting.

As has been highlighted, information about the aims and nature of this study was disseminated verbally when the researcher attended a team business meeting on 22nd August 2001. All present agreed to take part in the study. Each staff member read
and signed a ‘Participant Consent Form’ (*See Appendices 1*) before the meeting was audio-taped. Contained within this form was further information about the study. A number of measures were taken to protect the identity of participating clinicians. No direct reference was made in the transcript to their workplace and pseudonyms were used in the transcript and subsequent reporting. The pseudonyms used in the transcript were phonetically similar to the real names of participants. The rationale here was to preserve the rhythm and flow of the interaction as it occurred on the tape. For this reason the names of speakers as they occurred in the interaction were not substituted with, for example, initials. Arguably, it may be possible to infer the gender of a given speaker from the use of pseudonyms used to label individual sequences of talk. Whilst the issue of gender was treated in the current study as a members concern, made relevant within and through their talk, the possible limitations of labelling extracts using gendered pseudonyms is acknowledged in section 4.8.

The study acknowledged that detailed case information concerning clients would be revealed during the team meeting. Confidentiality of client information was protected in the following ways. Firstly, any information revealed to the researcher about clients during course of the meetings was regarded as strictly confidential in line with the British Psychological Society guidelines on confidentiality in research (*British Psychological Society, 1996*). Secondly, as a proactive measure, staff were discouraged from mentioning client’s names during taped meetings and asked to refer to them using initials where possible. Thirdly, names and other information that may have rendered clients identifiable, such as addresses, were not used and were removed...
from any transcripts and substituted with fictional details. Fourthly, when not in use, the tapes, discs and transcripts were kept locked and secure in a filing cabinet.

The research proposal was approved by the Centre for Applied Psychology at Leicester University and by Leicester Research and Ethics Committee (See Appendices 2).

2.4 Materials

- Phillips AQ6455 cassette recorder (for both audio-taping and transcribing).
- Adastra 952.192 uni-directional condenser microphone.
- TDK IEC/Type 1 D120 cassette tapes.

2.5 Procedure

2.5.1 Data Collection

The data of interest in this study was the verbal interaction between members of the Community Mental Health Team. A microphone was positioned on a table in the centre of the room where the meeting took place, equidistant from each participant. Prior to the meeting being audio taped the participants were asked to return the signed consent forms, confirming that they had read the information enclosed therein. Once this procedure had taken place the audio-cassette was set to record by the researcher. The researcher remained present throughout the meeting. A seating plan was taken and the tape was turned over on two occasions. The researcher did not speak once the tape was switched on.
2.5.2 Transcription

The aim of this section of the methodology is to demonstrate why good quality transcription is central to the analysis of talk-in-interaction. Potter and Wetherall (1987) describe the process of transcription as both conventional and constructive. This section will show a section of transcription in construction based upon the Jeffersonian transcription conventions (see Appendices 3).

The work of the transcription is to enable the reader to be able to see both what was said and how it was said (ten Have, 1999). The process is inclusive in its approach to the representation of interactional events as they are heard. Underpinning this attention to conversational detail is a key assumption, which is that, regardless of how unimportant they appear, no interactional events can be disregarded (Wooffitt, 2001).

It is important to stress that the final transcript does not in itself constitute the data. It may be seen as a representation of the recorded events and therefore a useful tool for assisting in the analysis (Wooffitt, 2001). The transcription process itself allows for repeated listenings to a recording of interaction. It is through these numerous and detailed hearings that the analyst is able to focus upon the phenomena which come to constitute the analytic account (Hutchby and Wooffitt, 1998).

It is acknowledged that not all potentially consequential interactional events can be transcribed from a tape recording. Recordings are themselves are merely a representation of what happened. However, as Sacks (1984) suggests, these medium “constitute a good enough record of what had happened. Other things to be sure, happened, but at least what was on the tape had happened” (p26).
Having briefly introduced the concept of transcribing talk, the interactional phenomena and events of interest will now be described. Transcriptions used in conversation analysis are particularly concerned with capturing sequential features of talk (Atkinson and Heritage, 1984) and key features of speech delivery such as certain kinds of intonation, pauses, sound stretches and emphasis (Psathas, 1995). Transcription attempts to capture the sequential organisation of conversation through the focus on interactional elements such as the beginnings and endings of turns taken to talk, overlaps, gaps, pauses and breathing, which have collectively been termed the dynamics of turn taking (Hutchby and Wooffitt, 1998). It has been argued that a balance should be struck between representing in the transcript as much audible detail as is possible, whilst also endeavouring to render the transcriptions comprehensible to readers, who will not necessarily have in-depth linguistic knowledge (Sacks, Schegloff and Jefferson, 1974).

The Jeffersonian transcription system (see Atkinson and Heritage, 1984) has been adopted for use in this study since it is the most commonly used within the Conversation Analytic tradition as outlined. However, because there are no rigid rules as to how this transcription system should be utilised and presented, criticisms of inconsistency have been made (O’Connell and Kowal, 1994). As Psathas (1995) states, whilst there may be disadvantages to using the Jeffersonian form, the use of several different systems would lead to further inconsistencies.

Before showing a transcription in action, the issue of how interactants are identified in transcription is discussed. Relevant here is the issue of membership categorisation, since the participants within this Community Mental Health Team can be said to
represent different member categories, for example, psychiatrist, community psychiatric nurse, psychologist, social worker and occupational therapist. Watson (1997) cautions against categorical identification in transcription on the grounds that it might prejudice the reader to hear talk transcribed as being produced by, for instance the psychiatrist, rather than enabling an analysis of membership categorisation based upon the consideration of talk-in-interaction. As a means of addressing this issue, in the current study pseudonyms are used which do not identify the category membership of the speakers.

Extracts 2.3 to 2.8 show how a transcription may be constructed using Jefferson's notation (see Atkinson and Heritage, 1984). It should be noted that the line numbers given in brackets, after the extract number, relate to those given in the full transcription. The line numbers referred to in the main body of the text relate to those appearing at left hand side of the extract. This format will be followed in the results section of the study. The reason for this difference is that the full transcription was formatted in landscape to aid the analytic process. With numerous potential speakers, and consequent overlap, it was felt that this style of presentation revealed interactional features more clearly for analysis. In addition, the transcription and extracts are presented in the font 'Courier New'. This is because each character occupies the same space on the page, thereby enabling the transcriber to more accurately position overlapping speech.

Initially a standard orthographic transcription will be presented. Various features of the talk will then be represented in the subsequent complete transcription of this extract. The systematic presentation of these various features here is loosely based
upon Psathas and Anderson’s (1990) suggested practices of transcription in
conversation analysis.

Extract 2.3 (Lines 913-936)

1 John: I I suppose I think I’m very prejudiced against
2 him actually and at some level you know I think
3 a joint assessment would be a good idea because
4 ehm would be interesting for me to hear from
5 someone else you know someone else’s account of
6 how they felt you know
7 ?Sally: Mmm mmmm
8 ?Elsie: Mmmm mm
9 ?Val Mmmm
10 John: What he was about really
11 ?Val: Mmmmmmmm
12 ?Elsie: Mm
13 because he induces very punishing stuff in me I
14 just you know I just an an and fearful stuff in
15 me as well I just think you know get out of my
16 space you know
17 Sally: Mmmm
18 Milton: But he was he was err quite intimidating was he
19 John: He was quite intimidating and in fact when I
20 Milton: In what way was he
21 John: He wiz he wiz roaring and shouting and I think
22 one one of the things that was difficult was
you know I'd been set up to experience him I think as intimidating before I met him because

Milton: I think I remember him

John: Pardon

Milton: Sorry?

Even at this level the transcription includes details, for example mmm-type vocalisations, which would arguably lost using a more basic method of transcription.

In addition, as Psathas and Anderson (1990) indicate, most transcribers from a conversation analytic tradition tend to modify words to show them as they are spoken.

An example from the above Extract 2.3 would include:

Extract 2.4

John: He wiz he wiz roaring and shouting and I think

Below the same extract is presented, having been fully transcribed using Jeffersonian transcription notation (see Atkinson and Heritage, 1984). Guided by Psathas and Anderson's (1990) suggested practices for transcription, the way in which the various interactional details are represented will be reviewed and a rationale for their presentation given.

An important point to note here is that the style of transcription should be consistent and relevant to the concerns of the research (ten Have, 1999). Furthermore, it is stressed that what is not being illustrated here is an analysis of the interaction. The
following extract is presented as a means of showing how the interaction is
represented as an aid to analysis.

Extract 2.5 (Lines 913-936)

1 John: =.hhh (0.2) I I ^suppose I think I’m very
2 ^prejudiced against him actually (1.2) and at
3 ^some level (0.6) you ^know I think a ^joint
4 assessment would be a ^good idea because ehm
5 (0.6) would be interesting for me to hear from
6 someone ^else (0.6) you know someone else’s
7 account of how they ^felt
8 (Val):
9 (Stella):
10 (Elsie):
11 John: you know w[hat he w[as a^bout really (0.6)
12 (Val):
13 (Elsie):
14 John: because he in^duc ↓es ↑VE:RY ↑punishing ↑stuff
15 in ↓me I just (0.2) you know I just (0.8) an an
16 and ↑fear↓ful stuff in me as well I just think
17 you know ↑get ↓out of my ↑space you ↓know
18 (.)
19 (Val): Mmmm=
Milton: =But he was he was err quite intimidating

John: =He was quite intimidating and in fact [when I

Milton: [In

John: =what way was he err=

John: =He wiz he wiz raing and shou:ting

(0.2) and I think one of the things that

was difficult was you know I'd been

set up to experience him I think as

intimidating befo:re I met him because the=

Milton: =I think I remember (reviewing) him=

John: =Pardon=

Milton: =Sorry (he only bumped into him)=

Sounds are represented in transcription as they are uttered. The transcribed talk in

Extract 2.5 includes vocal sounds such as “mmmmm” (Line 12) and “err” (Line 20).

Audible inhalation is transcribed as in “.hhh” (Line 1). A similar duration of

exhalation would be transcribed as “hhh”. Laughter would also be represented in

transcription as closely as possible following the same guiding principles. The

general idea underpinning such an attention to interactional detail is that such

vocalisations may be found to have consequences for the interaction, such as in

claiming a turn to speak (ten Have, 1999).
Whilst the medium with which the interaction is recorded should be good enough, certain utterances inevitably appear inaudible or incomprehensible. Where there is uncertainty these have been enclosed within single brackets. Where possible a best guess of what was said is included within these brackets. For example:

Extract 2.6

30 Milton: =I think I remember (-----reviewing) him=

Spaces or silences in the interaction will be transcribed as shown in Extract 2.7:

Extract 2.7

1 John: =.hhh (0.2) I I ↑suppose I think I’m very
2 ↑prejudiced against him actually (1.2) and at ↑some
3 level (0.6) you ↓know I think a ↑join

In Extract 2.7 John continues to speak after the breaks [0.2] (Line 1), [1.2] (Line 2) and [0.6] (Line 3). Utterances by the present speaker after such breaks have been termed re-completers. Therefore the space between such utterances is seen as a within turn pause (Psathas and Anderson, 1990)

A second means of transcribing spaces or silence in the interaction can be seen within the Extract 2.5 (Line 18). Where another party to the interaction produces an utterance, this is transcribed as a between-turns-pause (ten Have, 1999). The timing of pauses is denoted numerically, in parentheses, rising in increments of approximately 0.2 of a second.
Overlap in the interaction is of interest for Conversation Analysis since it may prove significant with respect to the way in which speaker transition takes place, or for example, competition for the floor (ten Have, 1999). Overlapping utterances are denoted by square parentheses at the point they occur, as shown in Extract 2.8:

**Extract 2.8**

11 John: you know what he was about really (0.6)
12 (Val): [mmm]
13 (Elsie): [mm]

What follows is a brief review of other aspects of the interaction as they are transcribed. These include sound stretches, stresses, volume and the like. Their presentation in transcription may be seen as serving to elaborate the form rather than the content of the talk (Psathas and Anderson, 1990). Firstly, where one speaker directly follows another, with no gap or overlap, this is represented by the symbol =, for example in Extract 2.5 (*Lines 19-20*). Secondly, sound stretches are marked out with full colons, the quantity being dependent upon the duration of the stretch, as in Extract 2.5 (*Line 25*). This may be significant for analysis, for example, where the sound is stretched over the boundary of a prior turn of talk, perhaps as way of taking the floor or blocking another speaker (Hutchby and Wooffitt, 1998). Thirdly, where the volume of talk is noticeably higher than surrounding talk this is marked out in capital letters, Extract 2.5 (*Line 14*). Fourthly, rising and falling intonation is represented by upward and downward arrows respectively, Extract 2.5 (*Lines 20-22*). There is work which purports to show the interactional significance of intonation (see Jefferson, 1985). For example, downward intonation has been shown as orientated to
by next speaker as marking out the end of the previous turn of talk (Hutchby and Wooffitt, 1998). Finally, where words or sounds appear to be cut off sharply this will be denoted by a minus (-) sign.

2.5.3 Analysis

Potter and Wetherall (1987) state that producing findings from a transcript should not be a mechanical procedure. In this respect, transcription and analysis in the current study were not discrete processes. Transcription involved numerous listenings to an audio-tape of the meeting. During these repeated listenings notes were made regarding potential phenomena of interest as an aid to analysis. Once transcription was complete, analysis involved reading and re-reading of the transcript. Psathas (1995) has used the term “unmotivated looking” (p45) to describe how an analyst might come by interactional phenomena for study. It is explained that the analyst should ideally approach the data open to discovering phenomena, as opposed to doing so with preconceived notions of what the phenomena should look like. However, the analyst is also able to refer to a growing collection of discourse analytic research, which displays patterns, both commonalities and variability, in addition to revealing function and consequences (Potter and Wetherall, 1987).

It could be argued that there is a tension for the researcher, created by having to balance knowledge of previous research findings with the principle of unmotivated looking. ten Have (1999) describes this tension resulting from what are inductive (bottom-up move from evidence to ideas) and deductive (top-down in that data is approached in terms of pre-established findings) aspects of methodology. As suggested, approaching analysis of talk-in-interaction in a primarily deductive fashion
would be too mechanistic an approach. What is suggested is that findings from
previous studies should be taken to reveal the potential normative orientations of
participants, which are available and utilised in whatever way the interactants desire,
there and then. As has been highlighted any instance of talk-in-interaction may be
seen as built upon a variety of routines, but constitutes a unique, situated achievement.
Therefore, it is argued that underpinning the analytic mentality adopted in this study is
the idea of talk-in-interaction as a situated and contexted achievement. However,
research which demonstrates conversational devices and sequences exhibiting general
features and functioning in similar ways across varying contexts (Hutchby and
Wooffitt, 1998) is drawn upon where it appears to illuminate findings.

In addition to the research summarised above, there is available literature which has
provided some useful guidance on how analysis of the data might be approached. The
approaches of Pomerantz and Fehr (1997) and Heritage (1997) were drawn upon to
help form an initial plan for analysis. Pomerantz and Fehr (1997) suggest initially
selecting a sequence of interaction. In the current study, the beginnings of such
sequences were determined by looking for a turn of talk in which a new topic was
introduced which was orientated to as such by others present at the meeting. The
rationale for focussing upon such beginnings was they appeared to mark out new
sequences of topic talk. The analytic concern here was with how the opening of such
sequences and allocation of the next turn of talk were interactionally accomplished.

The next concern for analysis was an attempt to map out typical phases, or actions,
observable within sequences of talk, from opening to closing. Heritage (1997) has
termed this the overall structural organisation of talk. He suggests that such a focus is
a useful way of examining the tasks being orientated to in the talk, which can be seen as both reflective and constitutive of institutional concerns and business.

A central concern for the analysis was the issue of turn design. The focus here was upon both how a previous turn of talk was designed for recipients and how this turn of talk was orientated to by the next speaker. Of particular analytical interest was the action performed by the turn of talk (Heritage, 1984). One means of enabling an understanding of the action performed was to focus upon what the interactant was doing in his or her turn for the following turn of talk (Pomerantz and Fehr, 1997).

A key tool used in this analysis was what has been termed 'next turn proof procedure' (Hutchby and Wooffitt, 1998). This is explained as the way in which, through their next turn of talk-in-interaction, an interactant shows an understanding of what the previous turn was about. The tool serves to foreground analysis based upon the orientated to accomplishments of interactants, rather than privileging conclusions based upon the assumptions of the analyst. A more detailed discussion of next turn proof procedure appears in sub-section 2.5.4.2.

Also of interest in the analysis were the means utilised to perform an action (Drew and Heritage, 1992). One consideration here was the alternative means that might have been utilised in performing the action, but were not on that occasion. In addition, analysis considered how the way in which the action was formed affected that options provided for the recipient. To return to a previous example as a means of illustrating this latter point, the recipient of a greeting may be seen as constricted in
terms of their options for response. The reason for this is that the first part of the
greeting tends to expect a specific response as conditionally relevant to it.

Of further analytic interest was the manner in which these sequences of talk were
organised by interactants such that they were able to transact the business of the
meeting in an orderly fashion. Consideration was made of the timing and taking of
turns in talk and how this influenced certain understandings of actions and issues
talked about (Pomerantz and Fehr, 1997). Other suggestions underpinning this
sequential analysis included asking how the current speaker obtained their turn, the
time involved prior to their taking the floor, how the turn of talk was terminated and
how the next speaker selected.

Identities, roles and relationships were of analytic interest where they were made
relevant by interactants in their talk. The approach to such phenomena was informed
by the epistemological perspective adopted here which assumes identities to be fluid
being as they are, negotiated within turns of talk (ten Have, 1999).

2.5.4 Ensuring Quality

In terms of determining quality criteria for conversation analytic research, it has been
noted that terms such as validity and reliability are understood differently to the ways
in which they can be applied to research which employs quantitative or scientific
epistemologies (Madill et al, 2000). Literature suggests a number of ways in which
such research might be evaluated. These include transparency, deviant case analysis,
next-turn proof procedure, sequential accountability and rigour. The means of
ensuring quality will be now be explained in terms of their relevance to this study.
2.5.4.1 Transparency

Potter (1996) suggests that one way in which the quality of a study may be evaluated is through the reader’s evaluation. This form of validation is warranted through the readers themselves being viewed as “skilled interactants” (p139). Lepper (2000) has termed this transparency. By this it is meant that the research process is laid open in order that the reader can make judgements about the relationship the analyst constructs between data and their interpretations.

2.5.4.2 Next turn proof procedure

Potter and Wetherall (1987) have suggested that it is inadequate that analytic claims be made purely upon the assumptions of the analyst. Next turn proof procedure (Hutchby and Wooffitt, 1998) was utilised as a tool used to warrant analytic claims in this study. Next turn proof procedure allows the analyst to reveal the sense making activity of current speakers as they orientate to the previous turn of talk. A simple example is given below. This is presented to illustrate how the understandings of participants can be utilised in analysis:

Extract 2.9 (Terasaki, 1976; p45)

Mother: Do you know who is going to that meeting?

It has been indicated that this statement could be interpreted as either a question or as a preface to information concerning who will be attending the meeting (Wooffitt, 2001). In the absence of the next turn any interpretation would arguably based upon the analyst’s assumptions. The next turn,
Extract 2.10 (Terasaki, 1976; p45)

Russ: Who?

can be taken to reveal the prior turn of talk as a preface to information, but to
determine whether the Mother’s first turn of talk was designed as such, the analyst can
look to the next turn of talk as a means of warranting conclusions.

Extract 2.11 (Terasaki, 1976; p45)

Mother: I don’t know!

This reveals the understanding Russ made to be incorrect. His subsequent turn
displays him orientating to mother’s second turn of talk as initiating repair, thereby
enabling him to produce the expected second part of the adjacency pair and in doing
so repair potential damage to the orderliness of the interaction.

Extract 2.12 (Terasaki, 1976; p45)

Russ: Oh, probably Mr Murphy and Dad said
Mrs Timpte an’ some teachers

The above example reveals next turn proof procedure in action. Similarly, every
effort was made in the current study to ground analytic claims made about a current
speakers turn of talk in the understanding of it revealed by the next speakers’ turn of
talk.
2.5.4.3 Deviant case analysis

Deviant cases may be understood as analytic findings which do not correspond with an emerging pattern observed within sequences of interaction. Rather than deviant cases disconfirming the claims of analysis, they can be used in analysis to explain why certain patterns appear as they do. As Potter (1996) suggests, deviant cases can be seen to cause problems for the orientated to order of the interaction. The rationale here is that where a deviant case appears within a sequence of interaction, which otherwise would generally exhibit an orientated to orderliness, the interactants will be observed responding to it as unexpected (Madill et al., 2000). Extract 2.11 illustrates the mother orientating to the response Russ gives (Extract 2.1, Line 2) as dispreferred. Extract 2.1 demonstrates that, for the mother, the normative response to a turn designed as a question is an answer.

Within the current study an analysis of deviant cases was made of sequences where an observed normative pattern did not hold. Analysis sought to explain how these deviations from a normative sequential pattern were interactionally managed as potentially troublesome, thereby displaying the orientation of participants to the orderly way in which such sequences should be accomplished.

2.5.4.4 Sequential Accountability

Potter and Wetherall (1987) suggest that analysis should reveal both how sequences of talk work and also how the overall structure enables certain actions. Sequential accountability (Lepper, 2000) assumes interaction to be normatively orientated to by participants as orderly. This may explain how conversation is able to flow, for the most part, without problem. Take the following as an example of how a participant is
made accountable for the normative properties of a sequence. The analysis shows how this sequence of talk works and how the structural properties of the interaction constrain the range of possible options for the respondent:

Extract 2.13  (Atkinson and Drew, 1979; p52)

1  A: Is there something bothering you or not?
2          (1.0)
3  A: Yes or no
4          (1.5)
5  A: Eh?
6  B: No

We see here the person addressed by the questioner being made accountable through their lack of response. Rather than reflecting a hearing deficit or difficulties with comprehension, repeated tries at gaining a response may be seen as resulting from the questioner orientating to the adjacency pair norm. As Potter and Wetherall (1997) have indicated, analysis should attempt to provide a comprehensive presentation of coherence within the interaction.

2.5.4.5  Rigour

Stiles (1993) differentiates between the terms validity and reliability as they apply to qualitative research. Validity is said to refer to the trustworthiness of interpretations or conclusions, whilst reliability refers to the trustworthiness of observations or data. The term reliability will hence be referred to as rigour so as to avoid the confusion associated with the meaning of this term as it applies to positivistic, quantitative
research. Lepper (2000) suggests means of achieving rigour in conversation analysis which relate to the accurate presentation of data and the selection of data. With respect to data presentation, information on the audio tape was transcribed as fully as possible. Selection for transcription from the audio tape of what sounded like analytically interesting sequences was avoided. The rationale here was that by building as detailed a transcription as possible, the minutiae of the interaction would be more reliably represented and therefore considered in analysis.

Lepper (2000) suggests selection of data should be inclusive with respect to the task at hand, for instance analysing a single example of phenomena and then turning to a wider data set. The analysis of a single meeting in this study was advantageous in that it enabled the detailed examination of quite substantial sequences of data. This has been identified as an advantage of the single case approach (Hutchby and Wooffitt, 1998). Literature was drawn upon where it warranted or illustrated the analytic claims.

2.5.5 Reflexivity

Reflexivity has been described as a constructionist term used to refer to the application of theory back onto itself and its practices (Burr, 1995). Pels (2000) comments that this reveals an implicit assumption that when a researcher says something about the world they inevitably disclose something of themselves in their findings. In this sense subject and object may be seen as inextricably bound together. Consequently, it is suggested that in reporting their findings the researcher is seen as simultaneously writing his or her autobiography.
Potter and Wetherall (1987) comment that sensitivity to reflexivity enables researchers to consider that the findings of discourse analysis apply as equally to the social text produced by discourse analysts as to anyone else. The point being made here is that all text may be seen as subject to the same constructed and purposive aspects described throughout this study. From this perspective, the current study is not a neutral reflection of events, or a compilation of facts, but a complex multifaceted social achievement (Stringer, 1985). It might be inferred from this latter point that this view of discourse analytic research deflects from its utility. However, Edwards and Potter (1992) viewing their work reflexively state, “We would like [the readers] to see all discourse as subject to the sorts of processes that we highlight. But that should not be seen as a reason for discounting that discourse. For one thing there is nothing better. There is no non-discursive discourse for doing proper, accurate, non-action orientated description” (p173).

Silverman (1997) cautions that excessive focus upon the constructed nature of the text risks leaving reflexivity as an esoteric, ‘in-house’ project, thereby inviting further criticism of social researchers as self indulgent (Silverman, 1997). The question this raises is how reflexive should the researcher be? Potter and Wetherall (1987) state that, “It is possible to acknowledge that one’s own language is constructing a version of the world, while proceeding with analysing texts and their implication for people’s social and political lives”. They continue, “Most of the time, therefore the most practical way of dealing with this issue is to simply get on with it, and not to get paralysed by or caught up in the infinite regresses possible” (p182).
Stiles (1993) recommends foreclosure as good research practice. Foreclosure is a collective term which includes aspects such as the researcher disclosing their expectations for the study, preconceptions, values and orientation, including any theoretical commitments. Prior to Clinical Psychology training, the researcher had worked for eighteen years as a nurse, predominantly in learning disabilities and mental health. It was during early work in a large institution that the researcher began to develop an interest in the impact contextual factors and language have upon the way in which individuals come to be defined as variously mentally ill or mentally handicapped, as was the accepted term. Later in the researcher’s career a developing interest in broadly social constructionist epistemologies enabled a means of deconstructing taken for granted knowledge in the mental health field.

An ongoing research journal (Lincoln and Guba, 1995) was kept throughout the research process. This journal contained a variety of reflections upon the different hearings of the tape and readings of the transcription. Also documented were the researcher’s changing perspectives. Early ideas logged in this journal are interesting in that they reflect a specific concern with psychodiagnosis from an anti-psychiatry perspective. As the epistemological and methodological debate developed, so the concerns of the study shifted. The research focus moved towards detail relevant to participants in their talk rather than being shaped by the socio-political concerns of the researcher. In this sense research from a Conversation Analytic perspective may be seen as a reflexive practice. To borrow from Potter (1988), the concern here is with the talk itself “rather than the assumptions, expectations and ideas we might smuggle into it” (p48).
3. RESULTS

3.1 Talk as institutional interaction

The results section is divided into two sub-sections. A primary aim of the first part of the analysis is to show how the participants accomplish the meeting interactionally. Initially there will be a focus upon special turn taking arrangements, the analysis of which will inform conclusions drawn about the overall structure of the talk. As the analysis develops it will show how the specific institutional tasks are attended to in the interaction and how deviations from the constraints the interactional order imposes are managed by participants. The analysis will involve initially working through topic opening sequences and examine how turns of talk are designed to perform specific actions.

Literature will occasionally be drawn upon as a means of adding weight to specific analytic claims. The use of this literature is not intended to present a view of conversation analysis as method. Throughout the unfolding analysis, conclusions drawn from the data will be grounded in the context of prior and subsequent turns of talk. However, the normative orientation of participants to interactional patterns observed in research does provide useful ways of illuminating some of the findings presented here.

The initial analytic concerns are with specialised turn taking arrangements and the institutional nature of the interaction. The focus here therefore is largely upon the form of the interaction. The relevance of this approach to the concern with how case descriptions are generated and utilised in interaction is that it shows these
representations occurring within a necessarily constraining interactional order. To say it is necessarily constraining emphasises this talk as orientated towards specific institutional tasks. Descriptions are not treated as neutral reflections of an out-there reality. They are presented as context relevant, co-constructed achievements, designed to perform social actions within a specialised interactional structure.

Prior to analysis of Extract 3.1, a rationale for the way in which data is presented will be explained. The conclusions drawn from analysis of each extract should be seen as warranted within the context of the analysis as a whole. The analysis of each subsequent extract is intended to both build upon the subsequent claims, whilst expanding the scope of the analysis. One impression, as the analysis unfolds, should be of a collection of instances in support of analytic claims. The concern with the form of the interaction in the first part of the analysis remains pertinent in the second part through the presentation of longer sequences, a benefit of the single case approach. However, an additional focus in the second half of the analysis is with how case descriptions are constructed and act within this unique, but structured interactional environment.

The analysis of Extract 3.1 shows the opening of a sequence of talk about a client. It serves to show how a relatively short sequence of talk might be analysed. However, the claims here should be seen as warranted within the context of an increasing collection of cases. Additional support for the findings is provided through explanation of how cases that deviate are managed by interactants thereby displaying their orientation to an observable order in the interaction.
Extract 3.1 (Lines 266-269)

1  (1.8)

2 Sally:  Okay (0.4)  eh:m (. )  ↑B↓W

3  (0.8)

4 Milton: °Oh yes I’ve° got that  ↑too  ...

In extract 3.1 a new topic, the referral of BW to the team, is introduced. Sally’s utterance “Okay” (Line 2) following a pause [1.8] (Line 1) can be seen to act as a structural marker in this context, closing the previous topic talk. An up intonation is noted at the end of “Okay”. Up intonation is often seen to mark out statements as questions (ten Have, 1999). However, since it is heard by participants as a closing in this context evidenced by the lack of response and the fact that Sally does not try again for a response.

The following “eh:m” (Line 2) acts as a pause marker. This utterance, it may be argued does not project the turns design for prospective recipients. In this context it acts as a floor holding device prior to Sally’s next utterance. Support for this claim comes from the fact that other participants orientate to the utterance as such and neither produce the next turn of talk. In addition, Sally self-selects as next speaker, after a pause [ . ], with “BW” (Line 2).

A further noticing here is that Sally’s “BW” (Line 2) is oriented to by Milton as a request for information about BW, which requires a response. The “B” has an up intonation, whilst the “W” has a down intonation. This change in intonation may be seen as a try on Sally’s part at attracting the intended recipient affiliation. This
particular turn of talk is designed in the form of a request for information relating to BW. Downward intonation has been observed in certain interactional contexts to be indicative of closings (ten Have, 1999). In conversation analytic terms it could therefore be argued that Sally produces a first part adjacency pair, in this case a request for the participant who has information on “BW” to make themselves known. It can be said to perform this action through the second part of the adjacency pair, in this case Milton’s response, “Oh yes I’ve got that one too” (Line 4) being orientated to by him as conditionally relevant to the first.

Extract 3.1 suggests a specialised turn taking pattern in operation here, designed to accomplish specific business. As has been highlighted however, this claim is not to be seen as founded in this single extract. It will be substantiated further as the analysis unfolds.

It is important to clarify at this point that such specialised turn-taking arrangements are not assumed to be static, rather they are interactionally accomplished achievements, being re-negotiated with each moment that passes.

Analysis of Extract 3.2 aims to develop upon this initial claim that there is a specialised turn-taking pattern being orientated to by participants. In addition, it is presented to show how troubles in the interaction are managed by participants to maintain its orderliness.
Extract 3.2 (Lines 2-13)

**Sally:**  Eh:m (0.2) \text{are we starting} with James White\text{man (.) is that cle- is that \textbf{right} (0.4)

I think it mm [could perhaps \textbf{be}

**Stella:** [I \text{think} \downarrow \text{so}

**Stella:** ehm=

**Sally:** =T’s o\text{okay}

**Stella:** I’ve got \text{it}

**Sally:** o\text{okay}

(3.2) ((sound of rustling paper))

**Stella:** There’s a letter from Dr Reve\text{ley}...

Sally opens the sequence with the “Eh:m” (Line 1). As in Extract 3.1 this utterance acts to mark her taking the floor whilst filling a pause until her next utterance. The lack of a closing maker, such as “Okay” seen in Extract 3.1 (Line 2) may be accounted for by this being the first topic introduced within the interaction as a whole.

With the question, “are we starting with James Whiteman” (Lines 1-2), Sally can be said to have produced the first part of an adjacency pair, which normatively requires a response. The use of the word ‘are’ (Line 1) can be seen as projecting, for the recipient, the turn’s design as a question. That is to say, the action signalled as expected from recipients by this utterance early in Sally’s first turn of talk is an
answer. However, of analytic interest here is the fact that the desired response to Sally's question, Stella's “I've got it” (Line 9), is not produced immediately. Focus will therefore be upon how Sally orientates to this as potential trouble for the interaction and how this trouble is managed in the talk.

Whilst Sally's turn of talk described above is not selective of a specific recipient, its design, in the form of a question/request, acts to open the floor to a next speaker. The down intonation at the last syllable of “Whiteman” (Line 2) can be seen as a try at attracting recipient affiliation. It performs this action in that it signals a relevant place for transition within the interaction. As has been previously stated, such a claim would need to be grounded in the data. However, there is no immediate second part adjacency pair produced. What follows immediately is a pause [.] (Line 2). It has been previously suggested that the system of turn taking is interactionally managed to achieve one speaker at a time with minimal gap and overlap. Support for interpreting this turn of talk as an action (question/request) designed for a response (answer/response) comes initially from Sally's own orientation to an answer/response as being conditionally relevant to her question. This becomes evident as she self-selects as next speaker in the absence of an answer.

After the brief pause [.] (Line 2) Sally's next turn, “is that cle- is that right” (Line 2), may be seen as designed to once again initiate a recipient response. It can be said to act to repair potential damage to the interaction. This follow-up question can be seen to orientate to the lack of response as team uncertainty about the “right” way of “starting” the meeting (i.e. “with James Whiteman”). As with Sally's previous turn of talk (Lines 1-2), this subsequent turn is marked by down intonation at its ending (Line
2). This may be interpreted again as marking a try for affiliation by signalling to recipients the end of the Sally’s turn of talk.

Following this second try for recipient affiliation, there is a longer pause [0.4] \((Line 2)\), after which Sally again self-selects to speak. It is argued here that Sally’s subsequent utterance \((Line 3)\) can be taken as further support that she is orientating to normative rules within a specialised system of turn-taking. She can be seen to do this through managing the potential difficulties this lack of response could present for this sequence of interaction in the form of a specifically formulated response to her own enquiry. She begins this response with, “I think it mm” \((Line 3)\). Latour and Woolgar, (1986) have observed in work on the construction of facts that statements can be progressively modalised. At one end of a continuum they are highly contingent upon mental processes (e.g. I think) and at the other are simply assumed \((X is a fact)\). In this context, through her use of the words “I think” \((Line 3)\), rather than stronger formulations such as “I know” or “I believe”, the statement seems designed in such a way as to construct her as uncertain, thereby again inviting a response. Furthermore, Sally’s use of the word “perhaps” \((Line 3)\) as in “I think mm it could perhaps be”, acts to construct further vagueness into her formulation that the meeting should start “with James Whiteman” \((Lines 1-2)\). The utterance “I think it mm could perhaps be” \((Line 3)\) may be seen as a third attempt at initiating a response from a recipient using a first part adjacency pair. It is argued that this is the expected way in which subsequent turns of talk are allocated. This claim is further supported by Sally’s orientation to the conditional relevance of a response to her question/request. In producing two subsequent first part adjacency pairs, Sally is therefore observed orientating to an expected orderliness in the interaction. It is
through such actions that Sally can be seen as managing potential trouble the lack of response to her question/request poses for the interaction.

Stella’s overlap of “I think so” (Line 4) is symmetrical with Sally’s “could perhaps be” (Line 3). Additionally both turns end at the same time followed by a pause [0.6] (Line 5). Furthermore, note how Stella’s overlap is preceded by Sally’s “mm” (Line 3). Before showing how such an overlap might be viewed analytically, literature will be introduced as a means of setting analytic claims within the wider conversation analytic tradition.

Single turns or units of talk have been noted to consist of sentence, clausal, phrasal or lexical constructions, the first completion point of such constructions being observed to constitute transition relevant places (TRP) (Sacks, Schegloff, and Jefferson, 1974). With respect to overlap in interaction, it has been noted that this typically occurs as follows. Firstly, it may occur at a transition, where the speaker or speakers orientate to a possible transition relevant place. For example:

Mike: I know who d’guy is=
Vic: =He’s ba::d
James: =You know the gu:y
(Frankel, 1967 – cited in Sacks, Schegloff and Jefferson, 1974; p16)

Secondly, overlap may occur where a speaker projects turn completion, thereby overlapping prior to completion of a turn. For example:

B: Well it wasn’t me[:]
A: [No but you know who it was
(Sacks, Schegloff and Jefferson, 1974; p17)
Additionally, utterances may occur in transition relevant places, that may not be continued, such as etiquette or address terms. For example:

P:  Yeh alright [dear
J:  [Okay

(Sacks, Schegloff and Jefferson, 1974; p17)

Finally, Jefferson (1983) has observed that overlap may occur during a breakdown in fluency. Here the speaker may overlap as a means of moving the conversation forward.

As regards Extract 3.2, one could argue that the position of the overlap (Line 4) indicates Stella’s projected understanding of what Sally wishes to perform with her turn. Stella’s overlapped “I think so” (Line 4) mirrors Sally’s vague “I think it mm” (Line 3) through constructing a similar evaluation of whether the meeting should start with James Whiteman, contingent as it is upon mental processes.

The immediate effect of this vague response upon the interaction is the previously highlighted pause [0.6] (Line 5), after which Stella self-selects as next speaker. This is interesting in that Stella’s subsequent utterance, “ehm” (Line 6), in this interactional context, can be interpreted as a tentative turn entry device. Stella signals herself to Sally as the appropriate recipient of her three tries at drawing a response from the floor. Sally’s response, “T’s okay” (Line 7), therefore can be seen as validating Stella as having next speaker’s rights. Support for this claim may be strengthened by the fact that (1) Stella is next speaker and (2) none of the other nine participants in the meeting start to speak.
After a pause [0.4] (Line 8), Stella responds with a more definite “I’ve got it” (Line 9). The “it” is try marked with an up intonation. Try marking statements with changes in intonation has been noticed as a way of inviting a response (Hutchby and Wooffitt, 1998). Sally duly does so with her “Okay” (Line 11), which can be seen to act as a receipt of this news. This is followed by a pause [3.2] (Line 12). Bearing in mind the normative no gap and no overlap in conversation and Jefferson’s (1989) work, which suggests the “standard maximum” of a one second gap in everyday conversation, how might such a long pause be explained? One could argue that an explanation may be found in the institutional nature of the interaction. The talk reveals itself as orderly and goal orientated in nature through the way in which participants can be seen orientating to a specific interactional pattern in which turns of talk are pre-allocated. With reference to the generation and utilisation of case descriptions, this specialised pattern of interaction places specific constraints upon what contributions are considered allowable to the business at hand.

Through analysis of these first two extracts, the pattern that appears to be emerging is of one person, Sally, as the allocator of turns at talk. This is evident in Sally opening new topic talk and allocating with the use of a first part adjacency pair. As has been explained, this first part adjacency pair makes conditionally relevant a response from the person with relevant information. The conclusion here does not posit that this always and invariably happens. For example, as analysis of Extract 2 demonstrates the second part of an adjacency pair may not follow immediately after the first part. In this case there are a number of insertion sequences, which are designed to manage threats to orderliness. Indeed it is analysis of cases where a noticed pattern is not
readily observable that can be used to demonstrate how participants are orientating to and co-constructing the orderliness of the interaction.

Extract 3.3 builds on the claims made that there are observable specialised turn taking arrangements visible in the interaction.

Extract 3.3 (Lines 581-586)

1 John: Sally (0.2) I’ve got ehm (0.2) a verbal
2 referral
3 (0.6)
4 Sally: Okay [nnnnnnnnn
5 John: actually
6 (.)
7 Sally: There’s also ss a message here from K:th

Extract 3.3 can be seen to display John and Sally orientating in their interaction to the special turn-taking arrangements described above. In lines 1 and 2 John displays a recognition of Sally as the appropriate conduit through which referrals should be channelled for allocation, rather than merely beginning to talk about his referral. Sally acknowledges receipt of this news with “Okay” (Line 4).

As Sally begins her next turn, John overlaps with “actually” (Line 5). One observed use of the word ‘actually’ is as a means of enacting self-repair following interactionally delicate talk (Clift, 2001). This may inform an explanation of its use in this context. John may be seen orientating to his previous turn as sensitive business.
John’s previous turn may be seen to violate the normative rule emerging in interaction, which appears to be that Sally allocates next turn of talk after opening a new sequence of talk about a client, having closed a previous sequence. Simultaneous with John’s utterance “actually”, Sally begins a new turn. However Sally can be seen to manage the overlap by stretching “nnnnnnnn” to the end point of John’s utterance. This acts as a floor holding device, as evidenced by Sally self-selecting for the next turn of talk after the pause [.] (Line 7). Sally further reveals her social identity in the context of this interaction through changing topic in her next turn, finally pre-allocating John’s turn at a later point in the interaction, as evidenced in Extract 3.4.

Extract 3.4 (Lines 688-690)

1  (0.2)

2 Sally: E:rm and ↑John you said you’ve got some↓one

3 John: [Yeah

Findings presented thus far arguably bear similarities to observations of interaction in a variety formal environments, such as courts (Atkinson and Drew, 1979), psychic consultations (Wooffitt, 1992) and news interviews (Heritage and Greenbatch, 1991). These studies reveal a unique interactional order emerging as produced and orientated to by participants. The analysis as it develops aims to reveal further features that may be taken to constitute a unique institutional fingerprint of these patterns in interaction (Heritage and Greenbatch, 1991).

It is acknowledged that the above extracts are taken from early in the meeting, which broadly speaking concerns itself with the presentation of referrals made to the team
over the previous week. In order to make more robust the analytic claims of a special
turn taking pattern in operation the focus will now switch to a series of cases that
show Sally opening new sequences of talk about clients. In addition, extracts 3.5, 3.6,
3.7 and 3.8 serve to highlight in greater detail the specific institutional business which
shapes the tasks orientated to by participants within this interaction.

Extract 3.5 (2125-2132)

1 TAPE SWITCHED OFF

2 TAPE RESTARTED

3 Sally:  Are we ↑going to start with ↑ward round have

4 we got some feedback from the wa:↑rd

5 Stella:  [We ↑have

6 (0.4)

7 Milton:  Mmm

8 (2.6)

9 Stella:  Eh:m ↑Colette Stephe:n↓so:n (.) had been ↑fine

10 on the ward...
Extract 3.6 (Lines 3308-3315)

END OF SIDE TWO OF TAPE

BEGINNING OF SIDE THREE OF TAPE

Sally: Is there anyone (0.4) who people urgently needed to feed back

Stella: °[N:0°

(.)

Elsie: Mmm

(0.6)

Sally: Okay is there anything on page three (0.2)...

Extracts 3.5 and 3.6 show two further sections of institutional business as they are produced in the talk (i.e. in extract 3.5: “feedback from the ward” (Line 4) and in extract 3.6, urgent “feedback” (Lines 3-4) from participants. These extracts also provide further evidence of special turn taking procedure in operation.

It is noted that closing markers, such as the previously observed “Okay”, are not used by Sally prior to the introduction of new business. This can be explained by the fact that short comfort breaks in the meeting preceded both of Sally’s initial utterances here. Hence in both cases there were no previous sequences of talk to close. The tape was not left running during these breaks, since they took place elsewhere in the team base.

In both Extracts 3.5 and 3.6 Stella can be seen projecting her understanding of the prior turns ending, producing the second-part adjacency pair. For instance, in Extract
3.5: “We have” (Line 5) and in Extract 3.6: “No” (Line 5) are produced prior to completion of Sally’s turn of talk. In Extract 3.5 Sally can be observed to self-repair her turn beginning, “Are we going to start with the ward round” (Line 3) as a rephrased, more specific request, “have we got some feedback from the ward” (Lines 3-4). In Extract 3.6, however Stella can be seen to infer, prior to completion of Sally’s turn, that the introduction of new business concerns urgent “feedback” (Line 4) from participants. Stella’s utterance reveals her orientating to and producing in her talk an aspect of institutional business.

Extract 3.7 (Lines 2390-2393)

1  (0.4)
2  Sally:  Okay well shall we move on to the waiting
3  list
4  (0.4)
5  Milton:  There’s one issue from the ward round ehm
6  sorry but (0.6) which affects Ron...

Extract 3.7 shows Sally once again employing “Okay” (Line 2) to effect closing of the previous sequence of interaction. Milton’s “sorry” (Line 6) shows him orientating to, and reproducing in interaction Sally’s identity as allocator of turns at talk. This utterance shows again, as in Extract 3.3, deviation from the expected pattern as sensitive business. Milton, in self-selecting to speak when he does, also acknowledges this as potentially disruptive, hence demonstrating his orientation to the special turn taking arrangements described.
Extract 3.8 builds the robustness of claims for special turn taking arrangements. The sequence is presented as ordered, goal orientated talk, accomplished on a turn by turn basis. Again Sally produces “okay” (Line 1) to enact closure of the previous topic prior to her next turn, “Well shall we jus- (0.8) look at admissions and discharges (.) now I can’t see how I can do this without actually...” (Lines 1-2). At first sight this turn appears to be delivered in the form of a question. The minimal pause [.] prior to next turn combined with the fact that Sally is able to self-select for the next turn at what is a transition relevant place suggest that Sally’s initial turn may be understood rather as a statement of her intent to read out the admissions and discharges, rather than a first part adjacency pair requiring a response. This claim may be strengthened by the fact that none of the other participants speak at this point. In her next turn, “now I can’t see how I can do this without...” (Lines 2-3), Sally reveals this to be her task, whilst also orientating to as problematic an instruction given by this researcher prior to the meeting. The instruction was that,
where possible, clients initials should be used as an added means of ensuring confidentiality. As this sequence of talk progresses, the problem, may be seen as uniquely interactionally managed by participants.

It would be pertinent at this point in the analysis to highlight that what is not being claimed here is that Sally is ‘in charge’ of the interaction, or is exerting ‘power’ through pre-allocation of turns. It should be reiterated here that it is participants who produce and orientate to in their talk this unique pattern of goal directed institutional interaction.

Extract 3.8 can be analysed to show problem solving as accomplished turn by turn in the interaction. Sally states “now I can’t see how I can do this without actually reading out names” (Lines 2-3 and 5). Milton overlaps after the word “reading” (Line 5) projecting his understanding of the end of Sally’s turn with “I think we’ll just have” (Line 6). The fact that his turn is incomplete may be viewed as the product of self-repair by Milton after Sally self-selects for next turn with “I’m going to have to” (Line 5) with no noticeable gap between her prior and current turn of talk. In conversation analytic terms, Milton’s self-repair at overlap can be taken to show how closely interactants adhere to the normative rules of turn taking, which allow for no more than one speaker at a time with minimal gap or overlap. However, Sally’s “I’m going to have to” (Line 5) is also incomplete. Sally curtailing her utterance may be explained in terms of her executing self-repair. She may be seen to perform this action as a way of maximising the whole utterance as hearable to participants following Milton’s cough. However, Milton’s cough enables him to take the floor first, although he again self repairs during the utterance “pass it” (Line 7) as a
consequence of Sally's overlapping "take them out" (Line 8). Milton's final utterance in the sequence is issued in the form of the directive "Pass it around" (Line 9). The extract is analytically interesting since it shows a novel problem, how to read out admissions and discharges without referring to names, as an interactionally managed event. One can see participants orientating to the rules of turn taking and in doing so producing the orderliness of the interaction.

The analysis thus far has begun to reveal how business is transacted by the team through constant negotiation, whilst also revealing the participants orientating to a specialised, necessarily constraining interactional order. As has been shown, the institutional business includes the presentation of referrals, the waiting list, feedback from the ward, feedback from the participants and admissions/discharges throughout the previous week.

Also emerging are aspects of a broad overall structural order, noticeable as produced and orientated to by participants in interaction. It is tentatively suggested at this stage that there are four sections observable in sequences of talk about individual clients. Sections 1, 2 and 4 have revealed themselves in the data already analysed. They may be described as follows. (1) An opening section in which Sally introduces a sequence of new topic talk and acts to allocates the next turn of talk. (2) The pre-allocated description of a case. (4) Closings.

In the two subsequent lengthier extracts, 3.9 and 3.10, it is proposed that the orientated to, overall structure in sequences of talk about clients reveals a further observable section positioned prior to Sally's closings of these sequences of talk.
This will be described as (3) The orientation of participants to problems within the description. These analytic claims are further warranted in the second part of the analysis, during which several extended sequences of talk about clients are presented.

Deviations from the proposed order have been shown as interactionally managed by participants, thereby displaying their orientation to a normative interactional order. In Extract 3.9 Sally can be seen acting to facilitate the allocation of cases to participants within this sequence. This sequence is particularly notable since the recognisable overall structural organisation of talk tentatively proposed does not make itself readily available. Therefore the function of the following part of the analysis is to develop upon the claims made for an overall structural order observable in sequences of talk through analysis of a deviant case. Also, analysis of Extract 3.9 shows the actual business of allocation presenting problems for the interaction.

Extract 3.9 (Lines 1112-1138)

1 (1.2) ((sound of shuffling papers))

2 Sally:  Ok well going back to ehm (1.6) allocation for assessment

3 Elsie: =Mmm=

4 Sally: =Page seven we've got [George Jones who can

5 Elsie: [Mmm

6 Sally: only be offered (.) an assessment on a Monday

7 (0.8) a[hm

8 Milton: [Eh::m

9 (0.2)
Sally: and **he**↓**is** (0.6) **he** is the guy wh- (0.2)

**fifty** five year old depression panic attacks

anxiety (0.8) requesting some ehm (0.6)

behavioural therapy anxiety management from the GP

John: [nnhuh huh ((coughs))]

(1.4)

Milton: I'll err (1.6) for **out**-patients JC↑ee and

B↓W↑uu

( . )

Ron: °Hang on (0.4) (a minute)°

Sally: [Hang on a min↑ute

Milton: [Eh:::m

Sally: [Ehm

hang on a minute

(0.4)

Sally: H[uh huh ((laughing))

Milton: [So

(1.2)

Milton: JC↑ee is (0.6) ehm (1.2) o- ( . ) from South

Fel↑ton hhhh ((laughs)) ( . ) halfway do:↑:wn

(1.4)
Here again we see Sally’s “Okay” *(Line 2)* act as a closing to a previous sequence of interaction. By use of “well going back” Sally orientates to previous disruption of the meeting agenda. The use of “well”, it has been noted, can act as an indicator by a current speaker that the recipient(s) has made a dispreferred contribution (Jucker, 1993). The meeting agenda would suggest that allocation follows the reading of referrals. However, by analysing the interaction it can be shown that these actions are not necessarily accomplished within one discrete sequence of interaction. The business of allocation is explicitly introduced by Sally for the first time in the meeting during Extract 3.9. However, allocation was being enacted by participants earlier in the meeting. This can be evidenced in data displayed in the second part of this presentation of results, during an analysis of data relating to Case 3, EC.

After the introduction of the new topic, “allocation for assessment” *(Lines 2-3)*, Sally self-selects for next turn, during which she gives a summary description of the case GJ. What will be suggested as the sequence continues is that Sally’s summary description of GJ is designed to enact a response from participants, namely their orientation to problems within the description.

It is being argued here, in the context of this sequence as a whole, that participants can be seen orientating to a normative overall interactional structure through their management of trouble presented to the orderliness of the interaction. Following the completion of Sally’s summary description *(Line 15)* there is a pause [1.4] *(Line 17)*. This pause is followed by Milton’s topic changing “I’ll err (1.6) for out-patients Jcee and Bwuu” *(Lines 18-19)*, during which he seems to be doing allocation himself.

Milton’s action may be seen as orientated to in subsequent turns of talk as trouble for
the expected overall interactional structure outlined previously. Following Milton’s utterance, Ron responds with a restrained “Hang on a minute” (*Line 21*). Sally overlaps the last syllable of Ron’s turn, both mirroring it and amplifying it, which co-constructs consensus and acts to sanction against Milton’s interjection. Milton’s “Eh::m” (*Line 23*), overlapping with the last syllable of Sally’s prior turn, may be seen here as a means of gaining the floor. However, this competitive attempt to gain the floor is managed by Sally with a similarly overlapping “Ehm” (*Line 24*) followed by a repeat of her prior turn “hang on a minute”. An interesting research finding, which may be seen as relevant to the use of “Hang on a minute” in this context, observes the use of idiomatic expressions in situations where a speaker is making a complaint of some kind (Drew and Holt, 1989).

Rather than Sally self-selecting to speak having gained the floor, after the pause [0.4] (*Line 26*) she laughs, over which Milton overlaps with “So”, which may be seen to act to mark out a topic transition, as evidenced in his next turn. Of interest here is how Milton gains speaker’s rights, after what has been analytically interpreted as sanctioning against him by both Ron and Sally following his apparent deviation from the emerging normative overall structural order. Sally’s laughter seems to reveal her orientating to Milton as an inappropriate recipient of such a complaint. It acts to disaffiliate her from the complaint (see Glenn, 1994). In acting to distance herself from her complaint, Sally’s laughter simultaneously resolves conflict at this site by leaving the floor to Milton. This interaction seems to reveal Sally orientating to and producing Milton’s authoritative social identity within the interaction.
Extract 3.10 displays how the potential trouble for the interaction presented by Milton's deviation from the orientated to overall structural order is managed by participants. It is in their managing of trouble that participants are said to be orientating to and reproducing in their talk this order.

Extract 3.10 (Lines 1160-1167)

1  (0.6)
2 Stella: Going ba[ck to ↓yours Sally I'll take (0.4)
3 take
4 Milton: [(From my point of view)
5  (0.4)
6 Sally: You'll take (0.4) yeah=
7 Stella: =G↓J=
8 Sally: =O::↑kay ((Rustling paper))
9  (0.2)

Stella's "Going back" (Line 2) orientates to the deviation from the normative overall structure of the interaction in a similar way to Sally's usage of "going back" (Line 2) near the opening of Extract 3.9. Stella goes on to produce the expected third part in the recognised overall structure, which has been labelled as participant orientation to problems within the description, which in this case is the need for a recipient of Sally's allocation. The fourth, closing part of the proposed overall structure may be seen as produced in Sally's "O::kay" (Line 8).
Extract 3.11 builds upon analytic claims made with respect to the previous extracts, showing a complete extract from opening to closing. The aim here being to reinforce the validity of claims that there is an interactionally managed overall structural order, orientated to by participants, in the way described.

Extract 3.11 (Lines 1219-1260)

1  Sally:  (0.2)  ,hh ːehːm  and  we’re ːayːing  (0.2)  let’s have a look  (0.6)  ((sound of rustling papers))

2  going ːdoːwn  (0.6)  ehm=

3  Elsie:  =Well  Karen  Hu°[stings°

4  Sally:  [J::ːː=

5  Elsie:  =M[mm

6  Sally:  [I  was looking at J  (0.4)  at the ːtop  (.)

7  JWːuu=

8  Elsie:  =°JW°=

9  Sally:  =Ehm  is  the: ːthirty  five  year  old  who’s

10  inːvolved  with ːprobation  (.) ːand  Phoenix

11  House ːsubstance  abuse  .hhh  and  there’s  concern

12  about  mental  ːhealth  issues  and  they’re

13  requesting ːTHːERAPY  and  Clark  suggested  that

14  perhaps  we  need  to  talk  to  the  probːation

15  ːofficer  so ːsomeone  needs  to  (0.4)  [pick  that

16  up  (1.2)  e[hːm

17  Elsie:  [Mmm

77
Clark: [Yeh I go- (. ) I think he's been referred before

(0.2)

Sally: Do you=

Elsie: =Mmm=

Milton: =uhg huh= ((coughs))

Elsie: =[(Maybe the name rings a bell

Clark: =[(Maybe he didn’t attend or something yeah

(5.2)

Sally: Any offers on that ↓one so I guess: (. ) we- it

maybe it maybe needs li↑a:ison (. ) initially

(10.2) ((turning of papers))

Milton: I ↑think there ↑is ↓only JW LS (. ) and ↑GJ to

ehm (. ) ↑allo↓cate

( .)

Elsie: °Mmm°

(.)

Milton: For assess↓ment

(1.2)

Val: °G[J°

Stella: [G↑J I’ve done ↓[that ↑I’ve got that ↓one=

Sally: [WHAT

Milton: =↑You’ve got Ge↓J=

Stella: [is that
Here again Sally begins the opening of this sequence of interaction about an individual client (Lines 1-3). Elsie self-selects to speak following Sally’s “Ehm” (Line 4). Her use of “Well” (Line 4) may be interpreted as a preface to what she feels may be orientated to by Sally as a potential threat, namely suggesting a name for allocation. Sally’s overlapping stretched “J::” (Line 5) confirms it to have been orientated to as a threat to the interaction as she acts to repair trouble presented by Elsie’s prior turn. In Sally’s next turn she formulates Elsie’s utterance as a misunderstanding with “I was looking” (Line 7), to suggest Elsie may have been looking at another name on the page. With “JW” (Line 9) Elsie can be seen to signal her understanding. Here again we can see threat to the proposed overall structural order being interactionally managed.

This opening sequence is followed by Sally self-selecting to provide a summary description of the case. At the end of the description Sally explicitly signals the action the summary is intended to perform with “so someone needs to pick that up” (Lines 16-17).
The subsequent talk and the following pause [5.2] (Line 27) is orientated to by Sally as not having provided the expected response, namely an orientation to the problems within the summary description (Lines 28-29). What is interesting after the pause that follows is that Milton self selects to speak. His starting “I think” (Line 31) can be seen to build vagueness into his summary of which cases are left to allocate, in that it is a statement contingent upon his mental processes. Milton's statement, “I think there is only JW LS (.) GJ to ehm allocate” (Lines 31-32) also implicitly cites accountability for accepting these cases with persons other than himself. Milton, in self-selecting to do allocation, may be seen as once again projecting for others his institutional identity. Milton, as in Extract 3.9, produces himself as someone who does allocation in the absence of a response to Sally’s explicitly stated prior request.

However, as has been seen, such interventions present problems for the way in which such business is normatively managed in interaction by participants. Sally’s stressed “WHAT” (Lines 40) at Milton’s ‘error’, made evident in Stella’s “GJ I’ve done that” (Line 39), may be seen to act as a sanction against his deviation from the overall orientated-to structure of this interaction. This interpretation may be further supported by Sally’s use of the stretched “Ye:s” (Lines 43 and 45) three times, try marked with progressively downward closing intonation, following Milton’s recognition of his ‘error’ with “You’ve got GeJ” (Line 41).

Clark can be seen producing in his talk the suggested overall structure in that his “Okay well I’ll assess I’ll assess JW” (Line 47) displays an orientation to the problem in Sally’s description as being allocation. In Sally’s next turn we see the expected closing, in the form of “Ok::ay” (Line 49), signalling completion of this business.
A question Clark's acceptance raises is why is it produced there and then, rather than immediately following Sally's explicit request? Attention is drawn to an observation made earlier, which suggested that talk about allocating cases seems to present troubles for the interactional order. These troubles may be explained by dilemmas of stake and interest that accepting clients presents for participants. Edwards and Potter (1992) suggest that speakers treat other individuals or groups as having desires, motivations, allegiances and biases. The dilemma for interactants is how to construct an account which attends to such interests without it being laid open to undermining as interested. Clark's two utterances (Lines 19-20 and 26) prior to his acceptance of the referral (Line 47) may be seen as insertions in this sequence of talk. These insertions are orientated to by Sally as problematic in the sense that they to not produce the next allowable response in the sequence, which is acceptance of the referral, hence "Any offers on that one..." (Line 28). Sally's turn of talk can be seen to undermine Clark's prior insertions in that it reveals an understanding of his talk as interested in not accepting the referral at that particular point.
3.2 Case Descriptions

The second section of the analysis will focus upon case descriptions. It will focus upon how such descriptions are constructed to perform various actions at certain points within the interaction. It is not intended that this section of the analysis should be viewed as discrete from the previous section. Indeed it will build upon claims made of an observable overall structural order within the interaction, displaying extracts from two sequences more fully, including openings and closings. It will also display further evidence of a special turn taking organisation.

The initial brief extract is presented as a means of clarifying the purpose of this section. Extract 3.12 reveals case descriptions as orientated-to productions designed for recipients to perform certain actions. As such, attention is drawn to the variability of descriptions across this brief sequence of talk, displaying the descriptions as co-constructed interactional achievements which are designed to serve a purpose within their unique interactional context.
3.2.1 Case 1 - BDL

Extract 3.12 (Lines 2001-2010)

1 Milton:  \textit{Three CPN's here one} Roy Shilton
2 (.)
3 John:  Therapist
4 Milton:  [One Ruby Stiles and one c- sorry (.)
5 BD\textit{L} (. ) huh hhh [hhh ((laughs))]
6 Stella:  [And she \textit{takes} three on her
7 o\textit{wn}
8 Ron:  [And BDL \textit{BDL} will need (0.4)
9 a whole \textit{ho:st of people}
10 Stella:  [Ye:\textit{ah} she'd take th- \textit{team}
11 up she \textit{will}

As previously proposed in the first past of the analysis section, it is where attempts are made to allocate cases that threats to the overall structural order of the interaction seem more prevalent. The descriptions of BDL in Extract 3.12 can be seen as ongoing discursive accomplishments, co-constructed to perform a variety of actions. In his opening "Three CPN's here" (Line 1), Milton signals that accountability for these cases rests with the CPN's. To an extent his utterance can be seen to perform this action for it is not directly challenged as inappropriate in subsequent turns of talk. Rather, what Stella and Ron do with their talk is attribute responsibility within BDL for the fact that each of these cases cannot be allocated as Milton suggests. Stella can be seen orientating to Milton's suggestion of three cases, three CPN's in her response,
“And she takes three on her own” (Lines 6-7). This statement is constructed to appear solid and factual in the following ways. First, it allows inferences to be made of this as the current state of affairs casting it in the present with a present tense “takes” (Lines 6). Secondly, this is a state of affairs presented as an external reality not contingent upon mental processes, such as Stella’s thinking (e.g. “I think”). Finally, it attributes within BDL the difficulties that are presented for allocation. However, the description is formulated more extremely in Ron’s subsequent turn of talk, “And BDL will need a whole host of people” (Lines 8-9). Here Ron’s formulation is more extreme in terms of the resources BDL will “need”, but vague in that it does not specify the number or identity of the “people” BDL will “need”. Use of the word “will” (Line 8) defends the statement against challenges that his description is inconsistent with Stella’s. It does so in that Ron’s description can be taken to refer to a future point in time rather than the current state of things as implied in Stella’s previous description. Use of the word “will” also gives Ron’s utterance the status of fact, more so than other possible tentative alternatives such as ‘might’ or ‘could’.

Stella can be seen to orientate to this shift from current to future in the subsequent turn, whilst more precisely defining the resources BDL will “take up”: “Yeah she’d take th- team up she will” (Lines 10-11).

Throughout the course of this short sequence BDL progresses from being described as someone suitable for allocation to one CPN to someone whose requirements will take up the team’s resources. We can see Stella and Ron’s descriptions as being formulated in a progressively more extreme way. Their descriptions act to undermine Milton’s assertion that BDL could be adequately allocated to one CPN, whilst being designed in such a way to protect against rebuttal.
Analysis will now focus upon the generation and utilisation of case descriptions within talk relating to two further cases. Presentation of these lengthy extracts also supports claims for an observable overall structural order being orientated to by participants. It has been argued that the overall structural order orientated to by participants is observable as (1) An opening section in which Sally introduces a sequence of new topic talk and allocates the next turn of talk (2) The pre-allocated description of a case (3) The orientation of participants to problems within the description (4) Sally closing these sequences of talk about individual clients.

### 3.2.2 Case 2 - ABN

Extract 3.13 (Lines 476-521)

1 Sally: ...(0.6 )right Ara bella (0.4) B N

2 (0.6)

3 Ron: Or ABN=

4 Sally: =ABN Ha H[a ((laughs))

5 Ron: [even (.) hmm hmm hmm ((laughs)) (.)

6 ah:m ((banging sound)) (3.0) not a lot of

7 information here erm (0.2) re AB whose date

8 of birth is the ninth of the third (.) eigh ty

9 fi:ve (0.6) dear doctor thanks for seeing

10 this sixteen year old girl (0.2) who has told

11 me that she has an uncontrollable violent

12 temp er (0.2) she has lost many fri ends

13 through this (0.2) and broken many objects

85
whilst throwing things around in a rage she acknowledges that this is her own fault but would like some help in controlling herself. I think that there might be in inverted commas anger management courses run via your department.

Sally: =Mm Mmm MmM =nohoo= ((laughing))

Ron: =Oh no [they're no:it (.) and if so I would

Sally: [No No No! haha ha

((laughing))

Ron: be grateful if she could be referred to one

(0.4) but there aren't

(0.4)

Sally: Well there's no mention of a mental health

(Val):

[No

Sally: [\[problem \. hhhhhhh shall I: hu- which doctor

Ron: [No none there

Elsie: [No

Stella: [Well I can't see anything

Sally: is it

(.)

Elsie: Ring=

Sally: =No::: shall I [ring up

(Ron): [Ring

86
Milton: [Ring

(0.4)

Milton: The other issue is that she’s only six
down

[Yes

Milton: [is she still at school:1 (0.2) and [she

(Val): [Mm

Milton: maybe err

Sally: [It doesn’t

does "doesn’t say"

Ron: [Not there at all

(0.6)

Milton: She may be eligible for (0.2) I uh child

psychiatry [and they may take [that sort of

Sally: [Yeh

Elsie: [Mmmm

Milton: thing on so we don’t know

Elsie: [yea:h

(0.4)

Elsie: Especially at that age yo-

(3.1)

Sally: Right (0.2) well let me have (0.6) have that
one (2.8)...

Sally’s opening “Right” (Line 1) can be interpreted as performing the same function as “Okay” in previous sequences, namely that of a structurally marking out a topic.
shift in the talk (see Green, 2000). Sally introduces the referral using only the client’s name (Line 1). The action this seems to perform is that, rather than orientating to the referral as one person’s version or representation, the team orientate to the description as though it were a representative neutral description. In doing so the team can be seen to infer from the referral alone several reasons why ABN may not be appropriate for allocation within the team. For example, the expression of anger as symptomatic of a mental health problem is excluded by Sally’s “Well there’s no mention of a mental health problem” (Line 27 and 29). This is stated as factual and consensus is arrived at through Ron, Elsie and Stella’s affiliative feedback, which overlaps with Sally’s utterance “problem” (Line 29). In this sense the definition of the problem as not being a mental health problem is interactionally achieved. The action it performs, through building consensus, is to construct the referral as incompatible with the institutional business attended to in this meeting.

From a discursive perspective descriptions may be seen as context specific, that is operating within local interactional environments. Milton’s “She may be eligible for I uh child psychiatry” (Lines 49-50), at first sight may seem to contradict the previous construction of ADL as not having a mental health problem. However, Milton manages this potential difficulty with “and they might take that sort of thing on so we don’t know” (Lines 50 and 53). The problem is now vaguely formulated as “that sort of thing”, which acts to attribute “child psychiatry” as possibly accountable in that they may view mental health problems differently to this team. In addition, “so we don’t know” serves to inoculate the team against accusations that they inappropriately referred this case on with a knowledge of the sorts of problems that would make ABN eligible for child psychiatry services.
A final point to note here is that participants can be seen orientating to problems within a description constructed by someone external to the team. The participants use consensus as a device by which they co-construct between and within their accounts the grounds delaying acceptance of the referral. This delaying of acceptance or non-acceptance appears to be a pattern where such referrals are from an external source (e.g. GP) rather than from someone within the team.

The next section will look at the way descriptions are generated and utilised relating to a referral brought by a participant at the meeting.

3.2.3 Case 3 – EC

Extract 3.14 (Lines 521-532)

1 Sally: (2.2) and next° and then the last one is (0.4)

2 that’s (. ) one of your (0.2) files Ron

3 Ron: [Mm mmmmm yes

4 (0.2) EC

5 Sally: =Mmm mmm ((laughs))=

6 Ron: =is eh::m (0.6) a young woman (. ) well known
to er myself and Milton (0.2) who (0.6) you

7 may have (0.6) heard about (0.4) ehrm (0.8)

8 and with going into lots of (0.6)

9 complicated (. ) detail .hhh (. ) eh::m (0.6)

10 Elsie: [Yeah
Ron: *it would (0.2) be useful (0.2) to have (0.2) some (0.2) sort of assessment (0.4) about function and occupation and all that sort of thing*.

Elsie: *Mmm mm*

Ron's turn, "it would be useful to have some sort of assessment about function and occupation and all that sort of thing" (*Lines 12-15*) may be seen as specifically designed for the recipient, Elsie, in the following way. Through his use of "it would" it becomes inferable that it is taken for granted that what he is requesting is appropriate. However, Ron counters this with vagueness as to exactly what form the assessment should take, with his, "some sort of assessment". This acts to inoculate Ron against assertions by other participants that he would be the most appropriate person to do the assessment. An assessment is the right thing, but he is not exactly sure what it entails. However, the vagueness built into the request is also orientated to by Elsie as requiring further clarification, as evidenced by "Mmm mm" (*Line 16*).

This utterance may be seen, in the context of this interaction, to act as an encourager for him to continue. It conveys little in terms of acceptance or rejection of Ron's proposition.

Furthermore, this sequence of Ron's talk is rhetorically constructed in three parts, listing (1) "function and" (2) "occupation and" (3) "all that sort of thing" (*Lines 14-15*). This is a recognisable device with which Ron can be seen to construct his descriptions as the sequence progresses. This list-type construction shows Ron orientating to a normative principle observed in interaction. Namely that if one is
going to construct a list it should consist of three parts (Wooffitt, 2001). It also allows Elsie to project the turns ending, observable in her "Mmm mm" (Line 16) after the third part of the list.

In Ron’s subsequent turns in this sequence it will be shown how he elaborates his description to perform the action of allocation.

Extract 3.15 (Lines 533-551)

1 Ron: =ehrm (0.2) ↑be↓cau::se (0.4) those are things
2 th- that she struggles ↑with and erm (0.6)
3 phooo ((exhales loudly)) she’s (0.4) she was
4 asked to leave sch↓oo:1 (0.4) ah:rm she
5 struggled with (. ) with employment she's ↑stuck (0.2) erm (0.2) on the farm where her parents
6 are and would ↑li:ke to (. ) you ↓know (0.4) go
7 out and do ↑mo::re but it's a question of
8 what's she capable of and what is there (. ) and
9 (0.2) so on and ↑so ↓forth ↑so (0.2) erhm (0.6)
10 we though- (. ) it might be useful to=
11 Elsie: =Mmmm=
12 Ron: =to have some sort of assessment of those
13 ↑thi↓:ngs
14 Elsie: [Mmmm so ↑she::'s (. ) quite happy with
15 that idea ↓n
Ron: Well I’m seeing

Elsie: [(knows that I’m me)

Ron: Well the mum’s certainly is ((clears throat)) is very difficult to get a straight answer to a straight question=

Elsie: =Yeah=

Ron: =from her any way (.) but I’m actually seeing:

Elsie: =°Right°=

In his following turns Ron can be seen to rework the description so it acts to more fully engage Elsie in accepting this referral. For example, he presents EC’s “struggles” in the form of another three part list: (1) “she was asked to leave school” (Lines 3-4) (2) “she struggled with employment” (Lines 4-5) (3) “she’s stuck erm on the farm where her parents are and would like to you know go out and do more” (Lines 5-8). It is noticed that the “struggles” are attributed to EC, an attribution which acts to inoculate Ron from charges of self-interest resulting from his own struggle to allocate the referral.

EC is presented as someone “who would like to you know go out and do more” (Lines 7-8). The use of “you know” here projects Elsie as being capable of making this link between what EC “struggles” with and what she would “like” to do. It can also be seen to construct EC as motivated to change. However, this change is conditional
upon her struggles being addressed, as evidenced by Ron’s use of the word “but” (Line 8). In terms of how these struggles might be addressed Ron constructs a further three part list (1) “it’s a question of what she’s capable of and (2) what is there and (3) so on and so forth”. Ron finishes this re-formulation with “we though- it might be useful to have some sort of assessment of those thi::ngs” (Lines 11 and 13). Again, this is subtly reconstituted version of a similar closing within Ron’s first report, which stated “it would be useful to have…” (Extract 3.14, Line 12. The use of “we” builds consensus into Ron’s account. The use of “might” (Line 11) in place of “would” in the previous extract acts to invite Elsie to offer her ‘expert’ opinion, rather than present as factual that this course of action should be taken for granted.

Elsie’s subsequent utterance, “Mmm so she::’s (.) quite happy with that idean” (Lines 15-16) again begins with minimal encouragement, however her subsequent turn shows her as more engaged in that she is seen seeking specific information. Elsie’s turn of talk here reveals doubt about whether EC is “happy” with Ron’s formulation of what might be useful. Ron can be seen orientating to this reading of Elsie’s statement as doubting rather than confirmatory. His following two turns at talk start with “Well” (Lines 18 and 21), which appear to function as a preface to the threat Elsie’s query poses. As has been indicated, this use of “Well” has been observed in other interactional contexts (Jucker, 1993). Elsie’s query, however, is constructed in such a way as to avoid questioning Ron’s previous description of EC as someone who would “like” to “go out and do more”, by focussing upon her emotional response to Ron’s formulation of what is required to bring about this state of affairs. Ron manages Elsie’s query by constructing EC as someone from whom it is “very difficult to get a straight answer to a straight question” (Lines 22-23). Prefaced by “very”,


Ron’s argument for not being able to answer Elsie’s query can be seen as formulated more extremely.

These descriptions, again, may be seen as local and situated work. In this respect, variability and inconsistency may be viewed as expectable but comprehensible through analysis, since the descriptions are intended to perform actions at specific points in the conversation. In the second of Ron’s two extended sequences he can be seen to reformulate his description as a means of acting to allocate the referral. Ron is seen to construct as general knowledge the fact that EC would like to “get out and do more”. However, later in the conversation EC is constructed as someone from whom it is “very difficult to get a straight answer to a straight question”. However, both have been shown as doing specific work within the conversation.

Extract 3.16 (Lines 569-580)

1  Ron: °'nd things like ↓that° (1.2) and I'haha’d tehell
   you mohore dehet↓ail (((laughing))) (0.4) °er (.)
   you know (.) if you want°
   (.)
5  Elsie: Yeh (0.4) yeah thas f[ine
6  Ron: [I mean I ↑don’t know
   whether it would be likely you or or (0.4)
   Debor↑ah or (0.2) well it[ll be ↓you
9  John: [hgm hgm hnmnmnm [mm
10 ((sound of throat clearing))
Elsie:

it'll be [me for our tea\let: \let m yeh \let yeh

Ron: [Y- yeh yeh yeh

(0.4)

Ron: Yeah okay

(0.6)

Extract 3.16 shows the closing of this sequence of talk about EC. Ron’s offer of more detail is received by Elsie’s “Yeh (0.4) yeah thas fine” (Line 5) in such a way that co-constructs the need for further information as not strictly necessary. Note at this point that the allocation has not been formally accepted. Ron’s following turn produces him as uncertain about who will be accountable for the referral. He prefaces his talk with “I mean” (Line 6), which may be seen in this context to act as a repair marker, allowing him to rephrase his words, as seen by “I don’t know” (Line 6) in his subsequent turn at talk. The turn's design is projected in a way that expects clarification from Elsie. This she gives in her next turn with “Well it’ll be me for the team yeh yeh” (Lines 11-12). Evidence for this being what Ron was attempting to achieve through his talk can be seen through the way his repeated “Y- yeh yeh yeh” (Line 13) acts to offer strong feedback for Elsie’s eventual acceptance of the referral. With the action of allocation done, Ron uses “Okay” (Line 15), try marked with down intonation, to close this piece of institutional business.

3.2.4 Case 4 - PG

Analysis of the following case will pursue further the idea of case descriptions as local and situated discursive achievements. The introduction of this case is given to
further demonstrate participants orientating to the special turn taking and aspects of overall structural organisation highlighted in the analysis so far. The full sequence of talk about this client is too long to include in full. However, the prime objective here is to highlight the variability of case descriptions throughout a sequence of action.

Extract 3.17 (Lines 1300-1310)

1  Sally: =So is that \textsuperscript{1}t= \\
2  John: \hspace{1em} [Can I (.).] can I just ment\textsuperscript{ion=} \\
3  Sally: =Yeah= \\
4  John: =at the top of the \textsuperscript{ page (0.2)} I'd like to refer PG (.). back to the \textsuperscript{ tea: m actually (0.4)} I [saw him (.).] I saw h[im at the \\
7  Sally: [(Right) \\
8  (??): [Ahhhh \\
9  (Yawn)) \\
10  John \textsuperscript{hospital (0.6)} and he was sort of previously seen by (0.6) ehm \\
12  (0.4) \\
13  Ron: Fred= \\
14  John: =[[Fre:d=}

Sally’s use of “so” (Line 1) may be seen here as acting to structurally mark out the boundary between the previous topic, whilst projecting the opening of another. With “can I just mention” (Line 2) John can be seen as re-producing and orientating to Sally’s identity as allocator of turns of talk in this interaction. Sally’s “Yeah” (Line 3)
acts to acknowledge receipt of the information, whilst also co-constructing her identity by demonstrating her orientation to John’s turn of talk as designed for her.

John use of the word “actually” (Line 5) may be seen as performing an action similar to its usage in Extract 3.3 (Line 5) in signalling deviation from the institutional order as interactionally sensitive.

Extract 3.18 (Lines 1312-1324)

1 (.)

2 Clark: Oh he’s in a 🔺General 🔻bed

3 (1.2)

4 John: Sorr✈=

5 Clark: He was in General 🔺Hospital✈=  

6 John: =Yeah ye[ah he’s had he’s had 🔺physical

7 Clark: [Yea::h mmmmm

8 John: [↓problems but he’s ehm he’s be↑come↑

9 Clark: [yeah that’s when he was

10 referred befor[e

11 John: [He’s become ↑low in ↓mood again

12 really and I ↑think (0.8) ehm (0.4) I think he could benefit from (0.6) ehm (%) further

14 sup↑port=

15 Sally: Oka✈=

16 John: =err from the tea↓:m
Clark’s “Oh” (Line 2) may be seen in this context as marker displaying a change of mental state, signalling the realisation “he’s in a General bed” (Line 2) would be consequential for him. John’s “Sorry” (Line 4) can be seen as indicating a mishearing, which acts to prompts the repair from Clark, “He was in General Hospital” (Line 5). John can be seen to orientate to this as consequential for Clark, clarifying with, “Yeah, yeah he’s had he’s had physical problems” (Lines 6 and 8). John’s use of “had” here constructs these as past problems, whilst his use of “but” acts to signal transition to the current problem, “He’s become low in mood again” (Line 11). It is noted that John occasions self-repair with “He’s had he’s had” (Line 6) and “he’s become...he’s become” (Lines 8-11) where Clark overlaps, acting to maximise as hearable his description of the present problem. Clark’s overlapping “Yea:.h...mmmmm...yeah” (Lines 7 and 9) acts to signal affiliation with John’s report of PG having had physical problems. Clark’s statement “that’s when he was referred before” (Lines 9-10) projects for inferences to be made that this may be the reason for his referral now. However, the use of “when” rather than “why” in this interactional context inoculates Clark’s claim against the challenge that he was previously referred solely for help with physical problems. The fact that PG may have previously been referred when he had physical problems does not rule out the possibility that at the time he was experiencing other problems more usually managed in mental health settings.

John’s use of “low in mood again really” (Lines 11-12) is interesting. It could be argued that “low in mood” is a description more commonly used within mental health settings than in everyday use. However, whereas a diagnostic term might act to construct the category membership of a participant from which expert knowledge
might be inferred, "low in mood" tends to have a more general usage amongst mental health professionals. His use of "again" (Line 11) connects his "low mood" to his past contact with the team, both orientating to the threat implicit within Clark's emphasis upon physical problems and acting to undermine it.

It is observable then that John's and Clark's descriptions can be seen as performing different actions. John's talk thus far can be seen as designed to action allocation of the case to the mental health team. Clark's talk may be seen raising the possibility that his problems are physical, through his constructed remembrance of the previous referral. From a discursive perspective the descriptions used in this extract can be seen as beginning to reveal aspects of participants' stake and interest. These noticings will be developed in analysis over the course of the ensuing sequence.

Extract 3.19 (Lines 1338-1351)

1  Clark: Fred's discussions about him a lot of his
2       problems are social care related as well
3       (0.2) er-
4  Milton: Mmmm
5       (.)
6  John: uhuh HGHGHGHGHGHGM ((clears throat))
7       (1.2)
8  Clark: Yeh
9       (.)
John: Yes (.) that’s right (.) I think that that there there is err sort of mental health (.)

Clark: But I do- (.) I remember when he discharged him it was (0.2) it was (. ) ref- (. ) he re-

(0.8) I know he was referring him to social services

Clark’s utterance “Fred’s discussions about him” (Line 1) can be seen to construct a recollection that inoculates his description that “a lot of his problems are social care related as well” (Lines 1-2) against challenges of self-interest. The use of “are” in this statement situates these problems as having relevance in the here and now. The corroborative nature of this description may be seen to further enhance its factual status, being drawn as it is from someone else who has knowledge of PG. However, the “as well” (Line 2) tag and “a lot” (Line 1) act not to dismiss John’s formulation, but to weight “social care related” problems over “low mood”.

John orientates to Clark’s weighting with “Yes (.) that’s right” (Line 10), however he carefully reformulates the problem to incorporate Clark’s formulation, whilst keeping alive the appropriateness of the referral as requiring support from the mental health team. “I think that that there is err sort of mental (. ) health component in it” (Lines 11-12) is a vaguer formulation than that offered in the previous extract. Rather than specifically “low in mood”, John builds a more global “mental health component” description into Clark’s formulation. “I think” suggests a description contingent upon
mental processes, rather one having factual status. It has been observed that it is in
their vagueness that such accounts can provide a barrier against undermining
(Edwards and Potter, 1992). Use of the word “component” acts to neutralise Clark’s
weighting of “social care” over “low mood” since it may be inferred from this that,
however small, this component has an active role within Clark’s whole formulation.

Clark orientates to the John’s turn ending producing “But” (Line 14), which acts as a
continuer. “But” binds John’s previous talk to his, whilst also acting to project
transition. Clark self repairs his first turn, “But I do-” (Line 14), to construct himself
as remembering; “I remember” (Line 14). An interesting aspect of this description is
the way in which Clark conducts self-repair on two subsequent occasions i.e. “I
remember when he discharged him it was (1) it was (.) ref- (2) he re-” , before
producing “I know” (Line 16). Clark reconstructs his report as based upon him
‘knowing’, rather than ‘remembering’. Through these self-repairs Clark may be seen
to progressively increase the factual status of his account.

The previous two extracts relating to this case have been presented both as a means of
introducing the problems being orientated to by participants and to show their
accounts as contexted actions. The final extract is taken from later in the discussion.
The argument that reports and descriptions may be seen as discursive
accomplishments within specific interactional contexts is further developed.

Extract 3.20 (Lines 1653-1676)

1  Val:   It strikes me that the whole thing needs
2   somebody somewhere and I’m not sure
and that's the bit I'm struggling

(Hhhhhh ((laughs)))

Val: with (0.2) needs to look at what's happening

at home (0.4) what services are in [(on that)

Milton: [Yeah

Val: what he can do what he can't do (1.0)

be:se (0.6) you know there are certain

Milton: [Ye:s

Val: things that I wouldn't deal with isolation

(0.2)

John: Ye:s

(.)

Val: you know

(0.6)

Val: [See I think that

John: [You see I was

(0.2)

John: I felt quite cross when I went to the ward at

one level

Val: =M[mm

John: [because you know they at one level

the mental health thing felt like a bit of a

red [he:rring but you know unfortunately

(Milton): [Mmmm
Val: what happens is someone presents like this

John: enthusiastic

officer puts them on an antidepressant and

Suddenly it’s a psychiatric problem

Val’s report gives a clear account of what she feels PG needs (Lines 1-3). John’s laugh (Line 4), overlapping Val’s “who” (Line 3), may be seen as disaffiliative of Val’s construction “I’m not sure who” (Lines 2-3), whilst simultaneously orientating to Val’s identity as someone who could do what she is suggesting “needs” to be done. This interpretation is supported by her subsequent talk in which she can be seen to produce her social identity as someone who could “deal” (Line 11) with what is required, but inoculates herself against being solely accountability with “you know there are certain things that I wouldn’t deal with in isolation” (Lines 9 and 11). The “you know” (Line 9) preface acts to signal to recipients that the subsequent information will be familiar to participants. Val’s suggestion is formulated as a list in which she can be seen orientating to the normative three part structure previously highlighted: “what’s happening at home” (Lines 5-6), what services are in on that (Line 6) what he can do what he can’t do” (Line 8).

John’s subsequent reporting from “I felt quite cross..” (Line 20) can be seen as acting to minimise the weighting given to the problem as mental health related. This report may be seen as constructed in a context that orientates to Val’s prior assertion that “somebody somewhere” should look at problems that are cast as being primarily social in nature. John constructs himself as having “felt quite cross” (Line 20). It is
inferable, but not explicitly stated in his subsequent talk, “when I went to the ward” (Line 20), that John “felt quite cross” with the ward. Furthermore, he can be seen to initiate self repair after the word “they” (Line 23) so as not to be seen explicitly blaming the ward.

The use of “at one level” (Lines 23-24) can be seen as acting to minimise challenges of inconsistency in John’s accounts. It does so by opening up the possibility that at another level the “mental health thing” (Line 24) might not be a “red herring”. Use of the phrase “red herring” (Line 25) acts to warrant John having “felt quite cross” on grounds that he could have been misled into initially perceiving the problem as a “mental health thing”. Note how this usage of “mental health thing” is vaguer and colloquial compared with formulations in prior extracts. In this context, his reconstructed formulation can be seen to further downgrade its weighting in favour of Val’s assertion that social support is what is needed.

John’s attributes his being misled into perceiving the problem as a “mental health thing” in a report prefaced with “you know” (Line 23). This preface may be seen to set up his explanation as one reflecting a situation familiar for participants. The use of “some enthusiastic house officer” (Line 29) allows for inferences to made about inexperience. This phrase is employed in the context of an analogy of a situation, constructed as “unfortunately” familiar to participants. It acts to attribute how PG’s needs have come to be seen as mental health related. Namely that it is inexperience when “someone presents like this” (Line 28) that leads to the prescription of an anti-depressant. John goes on to explain that the immediate inferences made from prescription lead to a state where “suddenly it’s a psychiatric problem” (Line 31).
Analysis of Extract 3.20 shows how John attempts to manage inconsistency. It shows John externally attributing responsibility for his understanding that PG’s primary problems were mental health related. It is this variability that is of particular interest, since it is to be expected where case descriptions are considered as situated interactional achievements designed to perform specific actions.

3.3 Summary

To briefly summarise the analysis, the first sub-section may be seen as primarily concerned with explicating the orderliness of the talk as it is orientated to by participants. As well as systematically building a collection of cases to support the analytic claims, deviant cases are presented. These deviant cases are explained as threats to the orderliness of the interaction in the sense that they are shown to be understood and managed as such in the talk of participants. The second part of the analysis builds upon the work of the first, with the purpose of strengthening the argument for the orderliness of the interaction. In addition, this sub-section shows case descriptions operating as situated actions within extended sequences of talk. The claims here continue to be grounded in the understandings participants display in their next turn of talk. A comprehensive summary of the analysis follows in the ‘Discussion’ section.
4. DISCUSSION

4.1 Chapter Overview

This study examines the generation and utilisation of case descriptions within a Community Adult Mental Health Team (CMHT) allocations meeting. As a means of providing a context in which the results of analysis might be better understood, a brief overview of the Conversation Analytic perspective is provided.

The first part of the analysis is summarised as being specifically concerned with the form of the interaction. The second part of the analysis builds upon the claims made with regard to form, whilst also examining how case descriptions work within extended sequences of interaction. There follows discussion of the main themes arising from the results of the analysis. These themes include the orientated to orderliness of the interaction, talk as context, case descriptions as constructed in talk, case descriptions as action and variability.

Following discussion of the analysis, the wider clinical implications of this study are addressed with regard to the representation of clients in talk and reflexive practice. As they relate to Clinical Psychology, the implications of Conversation Analysis for practice and research and the notion of internal mental entities are discussed. Conversation analysis is then critically reviewed in relation to power, professional identities and the analysis of a single case. Finally, avenues for future research are highlighted.
4.2 The CA Perspective

Before summarising the analysis some of the central themes of a conversation analytic perspective will be recalled. An initial point to be made here relates to the notion of talk-in-interaction as a domain for social action. In short, people do things to each other when they talk (Wooffitt, 2001). What follows is a simple illustration of an utterance performing an action within the talk. “How are you?” may be seen as doing a greeting, and as such expects a response from the recipient. Conversation analytic literature states that in ordinary or mundane conversation, the expected response to the greeting would be “Fine” (Silverman, 1997).

A second issue for Conversation Analysis is that the ways in which people do things with their talk occur within an orderly interactional context. The illustrative example here displays greetings occurring in the context of adjacency pairs (Sacks, 1992). These interactional patterns are repeatedly both orientated-to and reproduced by interactants. Deviations from the interactional order create observable trouble with a sequence of interaction. Take this example:

Extract 4.1 (Garfinkel, 1967; p44):

1 S: How are you?
2 E: How am I in regard to what? My health, my finances, my school work, my peace of mind, my...
3 S: ((Red in the face and suddenly out of control))
4 S: Look! I was just trying to be polite. Frankly, I don’t give a damn how you are.
As can be observed in Lines 4-5, E’s response (Lines 2-3) was unexpected in this case. It should be noted that this interactional sequence was manipulated by the researcher in order to find out what would happen where the structures of everyday activities, such as the greeting example given here, were disrupted.

Conversation Analytic research therefore seeks to uncover the orientated-to orderliness and purposive nature of the interaction. A good place to search for orderliness is at points where it appears to have been breached. The analytic task here is to explain how such breaches or trouble in the interaction are managed by participants. In this way analysis can show participants orientating to a recognisable speech exchange system. Sacks, Schegloff and Jefferson (1974) highlight the following with regard to conversation. Firstly that people take turns to talk. Secondly, only one speaker will generally talk at a time. Finally, this system of turn-taking provides for as minimal gap and overlap in conversation. It is reiterated therefore that the analytic concern is therefore not so much with what is produced in conversation, but how it was produced (Wooffitt, 2001)

4.3 A Summary of the analysis

The first part of this analysis was concerned with explicating the context in which descriptions of cases were generated and utilised. The notion of context from a Conversation Analytic perspective relates to the way in which participants build, invoke and manage it through the interaction. Hence, an analytic task is to show participants building context in and through talk (Heritage, 1997).
As a point of departure, the analysis shows a specialised system of turn taking observable in the data. One person, Sally, can be observed in the talk as the person who pre-allocates turns of talk. In addition, other participants to the interactions are shown as orientating to, hence reproducing in their talk, this aspect of her social identity.

Sequential analysis of Sally’s openings and the subsequent pre-allocated description of cases helps to explain how Sally interactionally accomplished turn pre-allocation. Generally, Sally’s allocating turn of talk was designed as a first part adjacency pair (Sacks, 1992). This first-part pair was oriented to as a request by participants, thereby producing the conditionally relevant second-part response. Again, cases that deviate from this general presentation were presented in the analysis in such a way that shows support for the orientated to nature of an observable specialised turn-taking arrangement. Examples include Sally reformulating her requests to better enable the expected response, participants seeking Sally’s permission to speak at the opening of new topic talk and participants acknowledging in their talk interruption as interactionally sensitive business.

As has been said, a key concern for Conversation Analysis is with how participants do what they do with their talk. This rationing of turns of talk may be seen as one way in which the business of this meeting is achieved interactionally. This business, it is suggested, broadly includes the reading of referrals, allocation of clients to team members, reducing the waiting list, admissions and discharges, feedback from the ward and feedback from participants at the meeting.
Typical sections of interaction emerged in the talk after numerous hearings of the audio-tapes and readings of the transcription. Four sections were observed. During the first parts of such sections Sally can be seen to establish her identity as chairperson through the introduction of a new topic. The second part observable in these sections is the pre-allocated description of cases. In a third observable activity sequence, participants can be seen orientating to problems within the case description. The fourth part of these sections involves a closing.

An important part of this aspect of the analysis was the examination of instances where there appeared to be breaches or trouble in the interaction. Further support for a normative overall sectional structure comes from the analysis of instances where there are breaches to this observed orderliness. Analysis displays these breaches as interactionally managed by participants. In doing so it displays the orientation of participants to an overall structural order in the interaction.

The specific concern of this study is with the generation and utilisation of case descriptions in talk. The second half of the analysis may be summarised as doing two things. Firstly, it builds upon the claims made regarding the interactional context in which case descriptions are generated and utilised. It does this by working through extended sequences of client talk. The building of a collection of sequences to illuminate this and other points, whilst not intended to be seen quantitatively, is intended to add strength to the various analytic points being argued. Secondly, this part of the analysis shows case descriptions as co-constructed by participants and the work they accomplish within a sequence of interaction. There is an emphasis upon the variability between accounts as these extended interactional sequences unfold.
4.4 Discussion of the main themes arising from the data

4.4.1 The orientated to orderliness of the interaction

Firstly, the form of the interaction will be discussed in relation to the observation that this was a specialised, orderly form of interaction. It is through explicating this that the context in which case descriptions are generated and utilised becomes visible. Context may be seen as an ongoing project, produced and maintained in interaction by participants, making certain contributions allowable and others not so. In relation to the various ways in which individual cases are constructed, Crepeau (1993) argues that the form such meetings take acts to constrict the way in which the meaning of illness is talked into being. This study goes beyond definitions and meanings of illness, examining more generally how clients come to be represented within sequences of talk and the contexted actions these representations perform. The fact that a specialised form of turn taking is observable in the data, orientated to by participants, has implications for both when clients can be represented in talk and by whom. In this respect, the generation and utilisation of case descriptions may be seen as constrained by the rationing of turns of talk.

In addition to the impact of an observable specialised turn taking procedure, the overall structural form of the interaction was shown in analysis to consist of action sequences composed of four typical sections. In conversation analytic terms this observable pattern should not be regarded as the uncovering of a fixed representation of how this particular Community Mental Health team meeting is structured. It is reiterated that the participants may be seen as co-constructing, or doing the meeting interactionally on a turn by turn basis. In this sense the form of the meeting may be regarded as an ongoing interactional achievement, rather than some sort of pre-
scripted reality. What this aspect of the analysis presents is a micro-analysis of how participants accomplish a meeting through and within their talk. Related specifically to case descriptions, analysis uncovers an interactional context which impacts upon both their generation and utilisation.

4.4.2 Talk as context

It has been highlighted above that the conversation analytic approach taken in this study perceives the interaction as context. This notion of context, it will be argued, differs from that of much previous research examining case representations within health care settings. Whilst the literature reviewed takes a broadly similar perspective to the current study of language as constructive and action orientated, in these studies context is presented as container-like. Examples are presented below in which pre-existing factors such as treatment availability, knowledge, training and medical dominance provide for various contexts, which it is assumed impact upon the options for representation open to participants. For instance, Byrd (1981) argues that that institutional factors, such as treatment availability, impact upon how staff classify patients. Opie (1997) talks of the possibilities and constraints on team narratives made available through the different knowledge bases. Soyland (1994), with reference to case summaries, talks of an enrolment process into mental health disciplines impacting upon the way in which its new members learn to speak. One part of Griffith’s (1997) argument is that where a psychiatrist was actively involved in CMHT meetings, the seriously mental ill category was constructed more inclusively than in a team where the psychiatrist was less actively involved. The above literature, it is argued, treats concepts such as knowledge, training and psychiatric dominance as external factors that impact upon the content of the talk. The current study takes the
perspective that such things are co-constructed in talk by participants to do things. They are regarded as situated actions and in this sense it is the talk may be seen as context in which they occur. Hence case descriptions in this study are shown as being constructed within specific interactional contexts. Interactants can be observed in the interaction orientating to the previous turn of in their construction of descriptions. Whilst the above discussion highlights an important difference between this study and the literature previously reviewed, certain commonalities will now be attended to.

4.4.3 Case descriptions as constructed in talk

Byrd (1981) observed most studies, in which mental health classification features, treat these categories as stable entities. A dominant theme that emerged from analysis of data in this study was of case descriptions as constructed and purposive. In this respect the current study presents conclusions in harmony with literature highlighted previously. For example, Byrd (1981) shows the ways in which clients are classified to be an integrative and goal orientated team endeavour. In addition, Griffiths (1997) shows case descriptions constructed differently between CMHT’s to do different institutional business. Opie (1997) talks of different representations being produced through the interactive process. Furthermore, Crepeau (1994) sees client problems as produced by the interpretive actions of the team, rather than being objects which can be neutrally represented through language. With reference to the current findings, case descriptions may be seen as constitutive of the objects they refer to, rather than neutrally reflective of them.
4.4.4 Descriptions as actions

As previously introduced research has shown, representing clients in certain ways foregrounds certain actions and restricts the possibility of others (Good, 1994; Buckholdt and Gubrium, 1983). Griffiths and Hughes (1994) show how evaluations of clients internal state, in this case motivation, are built into accounts to perform observable actions. Analysis in this study displays a variety of actions being performed through case descriptions. Included amongst the observable ways in which interactants perform actions are the construction of accounts as factual thereby privileging one account over another, attributing within the client the difficulties they present for allocation, building consensus to warrant a particular account, constructing vagueness, inoculating against charges of self interest and displaying accountability. The action orientated nature of descriptions as a context specific achievement can be seen as related to another theme arising from this study; variability.

4.4.5 Variability

As previously highlighted, a commonality between this study and previous research looking broadly at the issue of case construction is the view of language as a means of performing social actions. A further main theme emerging from the data here is variability in the ways clients come to be represented. Parker (1997) states that traditional psychological explanation searches for “an underlying consistency of response, or a set of items on a questionnaire or test that cohere, or for a parsimony of explanation” (p289). Broadly speaking, discourse analytic approaches view variability as a focus point. Gubrium and Buckholdt (1982) show how the ongoing construction of a case description in talk reveals within it the business of the institution. Similarly, for example, this study reveals the business of allocation being
transacted through case description talk. The variability of descriptions is explicable in terms of their generation being goal directed. For example, case descriptions in this study are shown as designed to allocate cases, refuse the allocation of cases, make attributions, position accountability and so on.

Analysis attends to the variability of descriptions across sequences of interaction about a case. It seeks to explain how a description is designed to perform certain actions by privileging the recipient’s own analysis of the previous turn of talk. The contention is that case descriptions are unique, context specific interactional achievements designed within the talk to do things. Descriptions are presented here as contextual social actions performed through and within interaction. The context specific nature of case descriptions, as seen in this study, leads to a conclusion that the variability of descriptions across a sequence of talk about a client is expectable.

4.5 Clinical implications

4.5.1 Representing clients in talk

In presenting an argument demonstrative of talk-in-interaction as purposive, the issue of how clients are represented within it becomes clinically relevant. To state this more clearly, these actions may be seen as consequential for clients. For example, in the current study we see descriptions as context-specific interactional ways of attempting to achieve attributions, refusals, management of self-interest and accountability and so on. We see participants in the meetings using conversational devices such as systematic vagueness, factual statements, three-part lists and so on in specific contexts to warrant their positions at that particular juncture. The point here is that by following through such sequences of interaction about clients one can see
that these ways of representing, within an orderly interactional context, have implications for the way in which a team responds. As has been argued, representations of clients as viewed in interaction are orientated-to productions, which are designed to do something for recipients. The business of the team in the current study is not revealed in their talk to be the constructive and purposive nature of case descriptions. This is an issue not orientated to by the participants to the meeting under scrutiny. As Crepeau (2000) has stated, the significance of this issue may go largely unrecognised. Section 4.5.2 looks at how encouraging a more reflexive approach could have implications for clinical practice.

4.5.2 Reflexivity

One implication of studies which broadly view language in the way the current study does is that they can be used to engender a more reflexive approach. Sacks (1992) commented that even in beginning an analysis of language as a form of social action things can often appear to be happening faster than people could possibly think about them. The point of this research is not to deny that there are internal mechanisms implicated in interaction, but to deal with that which is directly observable. It is in this sense that the empirical nature of the Conversation Analytic approach might be understood. More specifically, it is recipients understandings of prior turns of talk, which they reveal in the construction of their following turn, which inform the analysis.

The feedback to teams of research which takes the perspective that case descriptions are co-constructed and purposive in interaction, such as that reported by Marks (1993), presents a competing version to that of case definitions as merely neutral
reflections of the state of things. Such feedback draws attention to the consequential nature of language. As regards this study feedback and dissemination could enable wider consideration by mental health professional of how case descriptions are generated and utilised. As Opie (1997) suggests, it would be by no means impossible for teams to attend to consequential nature of representational practices as part of a case discussion.

4.6 Implications for Clinical Psychology

4.6.1 Conversation Analysis, Practice, and Research

The scope of the literature reviewed in this study was intentionally restricted to studies that broadly presented representations of clients in language as co-constructed, action orientated and variable. Most of the studies could be seen as similar in that they were carried out in health care settings. This selectivity was a means of highlighting the idea of the multi-disciplinary meeting as a unique interactional accomplishment by participants. It is reiterated however that participants in these situations are shown to adapt what may be viewed as the foundational aspects of everyday talk as a means of achieving the meeting (Wooffitt, 1992). An example of such an adaptation observed in this study would be the special turn-taking arrangements and turn-taking pre-allocation.

Of course, there is no reason why the literature reviewed should not have included Conversation Analytic studies, which focussed upon talk in a variety of institutional settings. After all, the concerns of Conversation Analysis are with talk-in-interaction, on a turn by turn basis, as a constructive and action orientated endeavour. The point being made here is that the implications of the Conversation Analytic perspective for
Clinical Psychology adopted in this study stretch further than multi-disciplinary team meetings. For example, recently Madill et al (2001) examined the potential for Conversation Analysis of psychotherapy. This study claims a strength of this approach is the way in which it demonstrates how psychotherapy gets done interactionally. From the Conversation Analytic perspective, it is argued that the psychotherapeutic interaction is a co-constructed production, orientated-to on a turn by turn basis by both by therapist and client. Mechanisms such as projection and denial become rhetorical devices which the therapist draws upon in certain interactional contexts. The analysis highlights trouble in this interaction; the interaction itself being constitutive of a psychotherapy encounter, which is characterised as unsuccessful.

Taking a wider perspective, the Conversation Analytic perspective could provide useful insights into how organisations function, such as has been attempted in the current study. Potter and Wetherall (1987) highlight the fact that people express opinions about, for example, the future of the National Health Service, this though the NHS is an abstract concept which cannot be visualised by individuals as a discrete object. Attention to language as contextualised and constructive could illuminate the ways in which, for example, specific policy decisions are accomplished through talk-in-interaction.

The implications for Clinical Psychology of research from a Conversation Analytic perspective may be seen as more wide reaching where one considers the centrality of internal states such as cognitions and beliefs to the profession.
4.6.2 Internal states and language as social action

The previously introduced work of Potter and Wetherall (1987) and Edwards and Potter (1992) concerns itself with discourse as the topic of research rather than it being a passive medium through which facts about internal worlds such as attitudes, beliefs and cognitions can be accessed. Simply stated the focus is upon what people do with their talk as opposed to using talk as a route to what goes on in their minds. This perspective should not be taken as a denial of inner mental existence, but rather as an empirically sound means of tracking in talk such constructs in action (Potter and Wetherall, 1995). An example from the current study of the work mental constructs can be called upon to do in interaction relates to fact construction and the way in which statements can be seem as progressively modalised along a continuum. At one end statements have been observed as highly contingent upon mental processes, at the other are presented as statements of fact (see Latour and Woolgar, 1986). It is reiterated that the actions these constructions perform should be understood within the interactional contexts in which they occur. Vague formulations, contingent upon mental processes, can be observed in certain interactional contexts as providing a foundation for specific inferences. In other contexts, statements designed in a way which present them as similarly contingent can set up the possibility for their easy undermining (Edwards and Potter, 1992). Viewing language in this way the research focus on internal mental states shifts from that which is assumed to that which can be observed. For example, whereas traditional cognitive research may require of the reader an acceptance that cognitions exist, even though they are not directly observable, studies from a Conversation Analytic perspective would aim to show 'cognitive talk' as situated action observable in talk.
4.7 Critical review

4.7.1 Power and Conversation Analysis

Parker's (1997) discursive psychology acknowledges external realities such as power and oppression, however remains wary of the notion that human systems can be objectively researched as though closed and controllable. Parker et al (1995) concede the understandings and practices they argue for are considered, from their political perspective of discourse, tactically better than others. Such an analysis of discourse presents several problems for a Conversation Analytic perspective. These difficulties will be highlighted through a critique of the Griffiths (1997) study in which a number of a priori assumptions are visible. Through the presentation of a comparison between two differently constituted teams there is an implicit assumption that different institutional contexts will impact upon the ways in which clients are represented. A further assumption made within Griffiths (1997) study is of the variable of influence being medical dominance within CMHT's. Arguably, describing the utility of the findings in this study as providing “opportunities for resistance and subversion” (p60) to medical dominance reveals something of the a priori stance on the part of the researcher. That is to say, it is implied that medical dominance is in some way undesirable, and that this state of affairs be changed through different ways of constituting the team.

The analytic perspective employed in the current study allows for a different reading of case descriptions as constructive and purposive. Issues such as power, authority, oppression are not treated as environments which impress themselves in various ways upon the interaction. As Heritage (1997) has indicated: “The assumption is that it is fundamentally through interaction that context is built, invoked and managed, and it is
through interaction that institutional imperatives originating from outside the interaction are evidenced and made real and enforceable for the participants” (p163).

From a Conversation Analytic perspective the question of power, for example, only becomes relevant as it emerges within structured sequences of the talk and is orientated to by participants.

This assumption of context being a project of participants, and power being made relevant as a members’ concern, is explained further with reference to the current study. For example, Milton’s social identity, as someone who ‘does’ authority, may be seen as initially revealed in the way his numerous interjections are orientated to by participants as trouble for the orderliness of this interaction as a meeting. Just as Heritage (1997) describes participants managing the context through talk, in the current study we can see specific contributions from Milton being orientated to by participants as breaches in the interaction and subsequently repaired by them. It is further argued that Milton’s authority or power is revealed in way participants manage these breaches to the interactional context. For example, we see laughter used as a means of disaffiliating the complainant from their criticism, functioning so as not to make Milton directly accountable for troubles in the interaction. However, caution should be applied in considering such conclusions. These are tentative and are presented to illustrate how Conversation Analysis might deal with wider social issues.

4.7.2 Professional identities

The way in which the study deals with professional identity raises similar issues to those highlighted in sub-section 4.7.1. Professional identity in this study, as with other categories, is considered a contexted interactional achievement, co-constructed
on a turn by turn basis. Hence the professions of interactants were not listed in the transcriptions. The rationale behind not labelling extracts using a speaker’s professional identity was such an approach could lead the labelled talk to be analysed as representative of psychologist talk, psychiatrist talk, nurse talk and so on. As Wooffitt (1992) comments: “The use of broad categories to define the character of an interaction, prior to any detailed empirical analysis, may distort the very features of the data in which the analyst is interested” (p63). To label professional identity in extracts and transcriptions therefore may have revealed more about the a priori expectations of the analyst than how interactants produce a variety of social identities in the course of the interaction. Claims that turns of talk were designed for an occupational therapy, social work or CPN receipt were supported in so much as they were orientated to as such by the next speaker. This was one way in which the interactants could be observably doing professional identity through talk. Specific to concerns of this study, issues of professional identity were relevant in this study in so much as they could be demonstrated to be consequential for the generation and utilisation of case descriptions.

4.7.3 Single case

A further criticism of this study could relate to the reliance upon data from a single Community Adult Mental Health multi-disciplinary team meeting. This criticism might be founded in an understanding that Conversation Analysis is interested solely in finding recursive features in large collections of data. One might therefore ask what does the current analysis tell us about how case descriptions are generated and utilised outside of this meeting? This meeting did after all take place at a specific time and was uniquely constituted. This criticism is certainly valid, but also risks
missing the insights the single case approach offers. The single case approach enables rigorous examination of more substantial sequences of data (Hutchby and Wooffitt, 1998), such as those presented in this study. Examining at a micro-level the interaction from this perspective enables language to be viewed as constructive and action orientated over extended sequences.

The key here is in the weighting given to the inductive and deductive approaches to the data. For example, studies which show orientated-to orderliness in everyday conversation (e.g. Sacks, Schegloff and Jefferson, 1974; Jefferson, 1989) were not treated as templates which could then be applied unquestioningly to make sense of the data. Such studies give a guide to the orientated-to orderliness of talk-in-interaction. However, the task for analysis in the current study was to show how participants orientate to a specific orderliness in the interaction, which was constitutive of the meeting itself. Analysis shows how participants adapt these previously observed normative patterns of talk-in-interaction to accomplish specific business and in doing so further demonstrate the orderly nature of their conversation as meeting-type talk. This single case analysis does allow for the building of a collection of cases to support claims of a specific interactional order within which case descriptions are generated and utilised. The analysis of each subsequent sequence is intended to build upon the claims made previously in an attempt to present an ever more persuasive and coherent argument. Within these observable, orderly sequences of interaction, turns of talk are designed and words chosen that enable case descriptions to be utilised in context specific ways.
4.8 Limitations / Future Research

A potential limitation of this research is the extent to which the findings can be used to enable an understanding of other such meetings. A factor such as the audiotaping of the meeting in this study is clearly orientated to as consequential by participants in their talk, hence revealing atypical institutional business. Even where it is accepted that this particular meeting may have been largely 'typical', one would have to be extremely cautious as regards extrapolating from these findings given that the data is derived from a single meeting audiotaped in one setting.

The use of gendered pseudonyms in this study has been explained as a means of representing the talk as it occurred as faithfully as possible in the transcript. However, it could be argued that labelling sequences of talk using gendered pseudonyms in the transcript provides the reader with information prior to gender being made relevant as the concern of participants in their talk. This is potentially problematic since the reader, being in receipt of such information, may draw conclusions that go beyond the talk. This potential problem could be addressed through the use of initials to label each participant's extract of talk. In this way the gender of participants would not have been alluded to prior to the presentation of a sequence of talk in the transcript.

A further possible limitation of this study relates to viewing the Conversation Analytic perspective as objectively revealing the constructive and functional nature of language. The assumptions and insights of the Conversational Analytic perspective, it could be argued, cannot be extricated from language itself. In this sense one could regard Conversation Analysis as a specialised meta-language itself constructed and
utilised itself to present an argument for talk-in-interaction as constitutive and 
purposive. Caution should perhaps be exercised with regard to viewing the 
Conversation Analytic researcher as neutral or objective and, as such, it bears 
repeating that there is no non-discursive discourse with which to carry out non-action 

A suggestion for future research arising from this study would entail a broader 
examination of Community Mental health team meetings from a Conversation 
Analytic perspective. The current study has shown how this approach can be applied 
broadly to such data. However, a more inductive approach could be useful in 
explaining how participants accomplish Community Mental Health Team meetings 
interactionally and how case descriptions are generated and utilised within this 
context. The current study does attempt to demonstrate this, and it is important to 
reiterate that each case description should be regarded as a unique and contexted 
interactional achievement. However, analysis of a larger data set was beyond the 
remit of this study. Therefore future studies could focus upon the more micro-aspects 
revealed in the current study, for example openings and closings in case discussions.

Future studies could also look towards building upon the claims of this study which 
shows the way in which mental health professionals construct cases in interaction is 
consequential in terms of the inferences made and the subsequent actions people 
perform. Such representations may be seen as ultimately consequential for the 
individuals being constituted in interaction. It is in this respect such research may be 
argued to have clinical relevance.
REFERENCES


Atkinson, P. (1994) Rhetoric as skill in a Medical Setting. In M. Bloor and P. Taraborrelli (Eds.), *Qualitative studies in Health Medicine*, Aldershot, Avebury


Glenn, P.J. (1994) Laughing at and Laughing with: Negotiation of participant alignments through conversational laughter. In P. ten Have and G. Psathas (Eds.), *Situated Order in the social organisation of talk and embodied activities (pp43-56)*, Washington DC, University Press of America


Jefferson (1989) Preliminary notes on a possible metric which provides for a “standard maximum” silence of approximately one second in conversation. In D. Roger and P. Bull (Eds.), *Conversation with an interdisciplinary perspective* (pp 166-196), Clevedon, Multi-lingual matters


Rosenfield, P. (1992) The potential of transdisciplinary research for sustaining and extending linkages between the health and social services, Social Science and Medicine, 35(11), 1343-57


PARTICIPANT CONSENT FORM

The generation and utilisation of case definitions within multi-disciplinary team meetings

The aim of this study is to explore how the varied professions within multi-disciplinary mental health meetings come to define cases. Naturally occurring talk within a multi-disciplinary team meeting will form the data for analysis. This will be collected by audio taping one such meeting. A key objective includes involving members of the multi-disciplinary team in feedback of the results. A benefit of this study is that it will enable space in which staff can reflect upon and critically appraise current practice.

- I agree to take part in the above study as described above and discussed at the team meeting.

- I understand that I may withdraw from the study at time without justifying my decision.

- I understand all information arising from the study will be treated as confidential.

- I understand that medical research is covered for mishaps in the same way as for patients undergoing treatment in the NHS – i.e. compensation is only available if negligence occurs.

- I have had the chance to discuss details of the study with Nic Bunker and ask any questions. The nature of the study has been explained to me and I understand what taking part involves.

Signature of participant........................................................Date..................

I confirm I have explained the nature of the study to the participant

Signature of researcher.........................................................Date.............
APPENDICES 2
Letter confirming ethical approval
5 September 2001

Please quote Ethics Ref No 6358

Mr N Bunker
Trainee Clinical Psychologist
10 Hobart Street
Leicester

Dear Mr Bunker

The generation and utilisation of case definitions within multi-disciplinary mental health settings

Thank you for your letter of 13 August 2001 confirming that members of the MDT were happy to be included in the study and guaranteeing that all patient information will be regarded as confidential in line with the British Psychological Society's guidelines on research.

On behalf of the Leicestershire Research Ethics Committee, I have reviewed the information and approved that the Leicestershire side of this study can now proceed.

Your attention is drawn to the attached paper which reminds the researcher of information that needs to be observed when ethics committee approval is given.

Yours sincerely

[Signature]

P G Rabey
Chairman
Leicestershire Research Ethics Committee
(Signed under delegated authority)
APPENDICES 3
Transcription symbols
TRANSCRIPTION SYMBOLS

(.5) The number in brackets indicates a time gap in tenths of a second
(.) A dot enclosed in a bracket indicates a pause in the talk of less than two tenths of a second.
.hh A dot before an 'h' indicates speaker in-breath; the more 'h's', the longer the in-breath.
.hh An 'h' indicates an out-breath; the more 'h's, the longer the out-breath.
(( )) A description enclosed in a double bracket indicates a non-verbal activity, for example ((banging sound)).
- A dash indicates the sharp cut-off of the prior word or sound.
: Colons indicate that the speaker has stretched the preceding sound or letter. The more colons the greater the extent of the stretching.
( ) Empty parentheses indicate the presence of an unclear fragment on the tape.
(guess) The words within a single bracket indicate the transcriber's best guess at an unclear fragment.
. A full stop indicates a stopping fall in tone. It does not necessarily indicate the end of a sentence.
Under Underlined fragments indicate speaker emphasis.
↑↓ Pointed arrows indicate a marked falling or rising intonational shift. They are placed immediately before the onset of the shift.
CAPITALS With the exception of proper nouns, capital letters indicate a section of speech noticeably louder than that surrounding it.
• • Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
= The equals sign indicates contiguous utterances.
[ Square brackets between adjacent lines of concurrent speech indicate the onset of a spate of overlapping talk.
[ [ A double left-hand bracket indicates that speakers start a turn simultaneously.

(Woofit, 2001: pp62)

REFERENCE

The generation and utilisation of case definitions within a multi-disciplinary mental health team meeting

Transcription

D. Clin. Psy Thesis submitted to
The University of Leicester
Centre for Applied Psychology – Clinical Section
Faculty of Medicine
In partial fulfilment of the degree of
Doctor in Clinical Psychology

November 2002

Nic Bunker
1 ((sound of rustling paper))

2 Sally: Ehmm (0.2) are we starting with James White man (.) is that clear is that right (0.4)
3 I think it mm could perhaps be

4 Stella: [I think so]
5 (0.6)
6 Stella: ehm=

7 Sally: It's okay
8 (0.4)
9 Stella: I've got it
10 (0.4)
11 Sally: Okay
12 (3.2) ((sound of rustling paper))

13 Stella: There's a letter from Dr Reveley (.) and the degree of urgency is urgent (0.6) . hh
dear team I would be grateful for your help with this thirty five year old
gentleman who was referred to me by his probation officer (1.0) Mr Whiteman has a
long history of substance abuse and is currently under the care of Phoenix House. He's been on probation for about eighteen months and his probation officer Tony White has recently become concerned about his mental health. On talking to David myself he seems quite despondent and lacking in motivation. He requested admission to hospital to get away from everything he tells me (now) 'he has issues going back some twenty years which he feels have never been resolved. What was worrying his probation officer was that he was expressing some suicidal ideation (0.2) although I'm not sure how genuine this was (0.6) however I do feel he would benefit from psychotherapeutic input (0.2) in view of his current circumstances I am ((banging sound)) reluctant to prescribe any additional medication. I would be very grateful if he could be assessed by the mental health team with a view to providing some form of therapy in the future.
29 Sally: Okay=
30 (Elsie): =h呼吸 ((sniffs followed by barely audible whisper))
31 Clark: Supposed it's whether to talk to Tony White (0.4) before assessment or not=
32 Sally: [ehm
33 Elsie: °[Uh Sally°
34 Milton: =Hummm
35 (.)
36 Val: uh [呼吸 [呼吸 ((clears throat))
37 Clark: [Just thinking about [how we're linking with
38 Stella: °[Yeah°
39 (0.6)
40 Stella: (-———)=
41 Clark: =(base [up north)
42 Stella: [good idea=
Milton: =There's †also an issue about GP's expectations that we provide therapy

(0.4) ((rustling papers)) (and further issues ehm (0.4) say teams who do) (. ) we don’t
do †that

Clark: Well esp[ecially with this particular pr†a:ctice as well (. ) °huh°

(Ron): [(I mean we’ve not the space)

(0.8) ((sound of someone blowing nose))

Sally: [[Well we †do so:metimes and that's that diff[icul†y

Milton: [[Mmm mm

Milton: [ny†ehn °mm°

(0.2)

Clark: Yeah

( .)

Milton: [[Mmm
Sally: [[Anyway (.) eh::m (0.2) can I go back to page seven because there's someone called
George Jones]

Elsie: [Mmmmm
(0.2)
(0.2)
Mm [mm

Sally: [who I was offered an assessment to (0.2) ehm (.) and he rang up to say that he'd
been off sick for a month and on holiday .hh and just got back and really didn't
want to take anymore time off work (.) but he's available on Mondays (.) and I (.).
can't offer an assessment on Monday (0.2) so I said I'd bring it back to the meeting
and it would take longer and he said that was alright .hh but I mean ih- it
sounded (.) sort of fairly reasonable actually when I talked to him

Elsie: [Shall I re-read that=

Sally: =Yes please

(.)
Dear team this fifty-five year old chap used to be under the care of Dr Fellows for anxiety and depression in nineteen ninety- nine (1999). He and then Dr Galton in nineteen ninety-seven (1997). He continues to have depression and panic attacks. He improved considerably after (0.6) Mer ter zapa (0.4) uh huh (laughing).

John: [Metazapine=

Elsie: Thank you. He forty-five milligrams (0.4) and err and diazepam two milligrams TDS. He with intermittent zopilclone (0.7) seven point five milligrams nocte (0.4). He although by most people's standards he is still extremely anxious (0.4). He says he has had the best response (0.2) to mer ter za (0.4) pine err (0.2) he has had huh can't say.

John: [Zispin

Elsie: Zispin (0.4) nah that war it sez that (0.4) OH WE- that's sispin is it
John: [Yeh]

Elsie: [ohr]ight thank you. hh=

John: =It's easier

(.)

Elsie: Right (. ) that he has had compared to other anti depressants in the past (. ). hh I am unable to get him any better (.6) and wondered if behavioural therapy or anxiety management might be an option I should be grateful if you would assess him (.2) but there's nothing about (. ) his past history (.4) what that's about (. ) so we could (. ) have we e- requested (. ) previous notes on him at all (.6) so we need to do that don't we as well

(3.2) ((rustling papers))

Sally: Ok ay ehm (.2) ((rustling papers)) where does that take us a Janine Parr

(0.4) ((loud banging sound))
Stella: [[Yeh we've got that one

Sally: [[back on page ni:ne

(0.2)

Stella: hguh hguh ((clears throat)) well ↑that's from Dr ↓Slu:man (1.0) err ↑dear ↓team I would be grateful for your assessment of the this ↑fifty one year old lad↓y

((sounds of rustling paper)) who has recently moved to the area from West ↑Heath (0.4) she had a ↑number of prob↓lems throughout her ↓life she was m- ↑previously married for twenty six years to someone who was alcoholic and abus↓ive (.). hh he ↑sexually abused both her ↑mother and her ↑dau:ght↓er

(.)

Sally: Oh=

Stella: =she ↑left him and received treatment and c↑ounselling from the mental health team in ↑Leices↓ter .hh the next partner ↓died of a ↑heart attack while in a car causing a ↑car crash
Elsie: °Ooh°=

Stella: =the most ↑recent partner committed ↑suicide in Aug↑ust (.) this year (.) .hh there’s recently been (.) the inquest reg↑arding ↓this (0.4) in the past she’s received treatment for dep↑ress↓ion this has included ↑medication and also admissions at ti:↓mes (.) .hh at present she described herself as feeling ↑wiped ↓out but not particularly dep↑ressed .hh she’s ↑sleeping a ↑few hours at a time and is finding it difficult to ↑concentr↓ate (0.2) her appetite was red↓uced but is now starting to inc↑reas↓e ↓again (.) .hh she ↑just enjoys some activities such as walking her ↑dog a:nd she is starting to enjoy her new house and ↑gar↓den (.) .hh she prefers to stay with↑in the house and not (meet) new people ar↑round (.) .hh she is not working at ↓pres↑ent (.) her ↑daughter and mother live in the ↑Leicester ar↓ea and she sees and contacts them almost ↑dail↓y=
Milton: =Stella (. ) it coul[d be pointed out that she lives in ↑Rothley
Elsie: [She’s ‘ves in Rothley mmm (0.6) she’s not
ou:rs
(0.4)
Stella: I’ll stop ↑the:re then=
Milton: =↑Seeing as how i[t’s a long one n all this huh (((laughing)))
Sally: [O::h no::
(0.2)
Stella: That was a gr↑im letter as well w↑an’t ↓it=
Milton: [It was
Clark: =W[as it a lo]ng ↓lett↑er
Elsie: [Mmnmnmnmnmnm]
(.)
Elsie: °that’s: tragic°
Stella: [I've noh really \textcolor{red}{\textit{finished}} it but er=

Milton: =Oh I thought \textcolor{red}{\textit{you'd}} I thought I could see there was \textcolor{red}{\textit{another}} pa\textcolor{red}{\textit{ge}}

for instance °that you°

Stella: [Ye::s only a little bit=

Elsie: =Mmmm=

Clark: =Ugh huh huh ((coughing))

Sally: So: does th[is ss is that is that definitely outside ou[r ar[\textcolor{red}{\textit{ea}}=

Clark: [mm

Elsie: [Mm

Stella: [Yeh

Clark: =Old (Bell) team y\textcolor{red}{\textit{eh}} (. ) South East Leicester\textcolor{red}{\textit{shire}}

(1.4)

Sally: So shall \textcolor{red}{\textit{I}} deal with \textcolor{red}{\textit{that}}=

(Milton): =°Mmm°
Sally: [[°Okay°
Elsie: [[°It's sad°

(0.8)

Sally: Right the next ↓one ((rustling paper sound)) (1.2) ehm (3.2) Julia (0.4) his
someone got ↓that°

(.)

Elsie: °Yeh°. hh[hh was that the one was it that was read out [last ↓week yes

Sally: [(Oh yes that's: for allocation

Elsie:

Stella: [↑Yea::h She should be on

the waiting ↓list

(Val): [(Mighta been a week)

Elsie: [We'll no I ↑left it there be[cause do you remember last week I
Milton: [Mmm

Elsie: said if it ↑goes on the waiting ↓list (0.4) and it just get we we we get to this point the

(Milton): [Mm

Elsie: point of the meeting were we’ve done all the allocations for assess↓ment and it’s ↑on as ↓well (.). she’s put it on in bold as ↑well (.). hhh but it’s to remind us because otherwise (.). we forget (.). to go to the end of the ↓waiting list

Sally: So does someone want to say something about ↑that (0.4) have we got the ↓file

Elsie: °ih° ih well they

Milton: She’s ↑very well known and she was ↑in hospital for (.). a ↑long ↓time=

Sally: [Okay
Stella: [Mmmmm

Elsie: 'Til be in the red file there'll be a summary won't there in the red file even if the file's not in

Sally: (°Right (.) don't where it is°) ((barely audible mumble))

(1.6) ((rustling paper sound))

Elsie: Nah th- th- thas okay (.) thas fine (.) ah

(2.2) ((banging sounds))

(Val): uhh hguh mmm ((coughs))

Sally: Do we need it (0.2) or do we (.) or do people know who it is

(0.2)

Elsie: Well we don't need the file because we've got the summary in the red

(0.4)

Sally: °Okay°=

Elsie: [waiting list file
Sally: =0:↓kay (2.0) °right° (.). ehm (0.8) let's move on to the next ↓one for the moment then
(1.8) ((rustling paper sound)) ↑Lesley
(1.8) (.).

Ron: L:S: ehm
Sally: [O::↓kay
(.)

Ron: [(Same place)
Sally: [[[I can't remember that (.). ha h[uh ((laughing))]

(Milton): "Hang on a second"

Ron: Eh::m (1.2) re L:↑S: twenty sixth of th[e ninth seventy ↑seven dear ↑doctor .hh thank
Sally: [Hmm hmm ((laughs))

Ron: you for seeing this ↑twenty four year old mother of ↑two who is ↑suffering with
se↑vere depression at the ↑moment (.). hh she is ↑tearful on a daily ↑basis and is
anxious about \textit{going out} (0.4) she feels people are \textit{watching} her and \textit{talking} about her. \textit{h}h she has consistent negative \textit{thoughts} and feels that \textit{everyone} would be better off if \textit{she} was \textit{DEAD}. \textit{h}h she is unable to think about \textit{any} future and has [thought \textit{about} slashing her \textit{wrists=}

Elsie: "[Dear"

Clark: "=Mm mm mm ((clears throat))"

Ron: \textit{the only thing that stopped} her were her \textit{children} (0.8) or \textit{was} her children even \textit{eh::m} (0.2) Lesley's \textit{problems} (.) \textit{began} with her \textit{father} who \textit{physically and mentally} abused her from the age of \textit{fourteen} \textit{years}. \textit{h}h\textit{h}h she ran away from \textit{home} and left school \textit{half way through} her \textit{A levels} (.) her brother and ex boyfriend both used \textit{heroin} (0.4) she has a \textit{past} history of \textit{self harm} (.) and has received counselling in the past although this did not \textit{help} (0.2) at the \textit{moment} Lesley lives with \textit{her} \textit{two} children \textit{iv*} four years and eight \textit{months} (.) \textit{and boyfriend} (0.6) who is away from home \textit{a lot} (0.2) she is very isolated (0.2) and has
no friends or family to help her (0.6) she assures me that she is not a suicide risk at present (0.4) and I have started her on Paroxetine twenty milligrams today (0.4) I will see her again early next week (.) but feel that she will need more support and counselling to cope with her past (0.4) I would be grateful if you could see Lesley and offer her some help (0.2) yours sincerely

Elsie: Mmm

Milton: [Who is it (0.6)

Ron: Doctor Sandeman who's some sort of registrar (I think [----------])

John: [(It was only like)

Milton: [In fact

John: it's ehm=

John: =pre-registration=
Ron: =county=

John: =house ↓officer

(0.6)

Milton: Yes it's ↑interesting it's the: ↑that's the first time I've come a↑cross that (.) but you know how you have ↑hou:semen where we ↑get the medical review but they're not registered as doc[tors ↓yet (.) well they're ↑starting to put them into them

Ron: [Right

Milton: into general ↑practice (0.2) °(you see so) err°=

(Sally): =][Mmm

Elsie: =][O:::h ri:::-

(Ron): =Mm[mm

Milton: [↑a::nd the:y're (.) talking ↓about ↑us having them in the next year or two ↑so

(0.6) mm (0.8) °right°

(.)
Sally: Okay (.) the next one uh huh ((laughs))

(0.4)

Milton: Yes (0.6) Cee (1.6) (rustling paper sound) is from Doctor Ring (0.6) err dear doctor thanks for seeing this chap who has severe anxiety with depression. hhh he is happily married but has had a few problems lately (.) particularly financial his mind runs morbidly on his problems and then he develops panic attacks hhh (0.2) he has very poor restless sleep and is off his food he was sick on Citalopram but is tolerating Mirtazapine (0.4) which I’ve increased to thirty milligrams today from fifteen milligrams hhh (0.2) he says he’s no better yet but his wife says that he sleeps now and is no longer restless in bed (0.4) I should be grateful if you would help manage his anxiety and depression as he feels that he’s not getting anywhere with my treatment (1.8)

Sally: Okay (0.4)
Milton: °Oh yes I've got that °too ((rustling paper sound)) °mm° a::h (1.6) ((rustling paper sound continues)) this is °quite a °complicated business (0.8)

it's err °ks like it was referred into the °hospital originally °y (0.4) on ten: °ten (.) oh °one which I guess is err (.) °how long ago° (.) about two °weeks ago ehm °date of °birth nineteen °fifty eight so he's °f o\y three

Sally: [Forty °three]

(0.4)

Milton: °forty two °(in April). hhh °dear colleague I would be °most grateful for your opinion on the above forty three year old gentle\man who: wa:s commenced on Lof\pramine °a °hundred and forty milligrams by a colleague °yester\day (0.2) .hh he ha:s a °high powered °job which is very stress\ful and ha:s symptoms of
depression (0.2) he: (.) i:s currently (1.2) something drinking heh down heavily
(0.6) eh::m (.) I I think it says down having an affair (0.4) hh I can't read it huh=
Sally: =Oh

Milton: =Eh::m (0.4) he's married with children and appears to be on a:
(0.6)
Elsie: Mmmmmm ((sighing sound))=
Milton: =path of self destruction currently he is suicidal and unpredictable (. ) both
his family and employers are among (1.2) are aware of the situation (1.4)
he: something yesterday (1.2) he started seeing somebody Kennet at the Farndon
Unit three wee- Sheela Kennet °I don't know the name° .hh=
Sally: =Yeah that's a Psychologist ah ha=
John: [Psychologist
Milton: three weeks ago at the Farnham Unit for psychological support but finds the sessions have made no difference to him at present. He is very tearful and actively suicidal and I do not want to leave him without some support.

Sally: I don't quite understand why he would've seen Sheila.

Milton: [He says 'oh wait a minute'.]

Milton: he is receiving something from yourselves and so the emergency assessment was done.

Elsie: Mmm.

( )
Milton: on ten ten oh o↑ne

(0.2)

Elsie: o↑Who°=

Milton: =E[h:m

Elsie: o↑[Who ↑b:y°

(0.2)

Milton: assessment following[ (----------) sorr↑y

John: °[On the ward in the ward°

(0.4)

Elsie: Who by ↓sorry (0.6) th^[as wha- I was jis- tryin ree right

Milton: [Ehm a half well ill↑eg↑ible (0.4) an illegible

doctor

(0.2)

Elsie: Ahhh
Milton: [[Ehm

Sally: [[But he would \textbf{only} have seen [S h e i \downarrow \text{ l a} \] if he had gone [through the Shipstone Road \textbf{te: a m}]

Clark: [Could be anybody

Elsie: \[\text{Why don't they have to print their names then \text{ si: g h o}}\]

Elsie: \[\text{It's d i s g u s t i n g}\]

Sally: This is what's con\text{ f u s i n g}

Elsie: Mm\text{ m m}

\textit{(1.2)} (\textit{\textnormal{l}o\textnormal{u}d\textnormal{ b}a\textnormal{n}g\textnormal{i}ng\textnormal{ n}o\textnormal{i}se})
Milton: Would you like to continue?

(Elsie): =Hhhhh .hhh= ((laughs))

(John): =Hah

(0.2)

Milton: Eh:mm assessment following referral by GP (. ) presented with like low mood cycles

(0.6) for years (. ) distressed for two months (0.4) patient said he is very upset and distressed in the last two months (. ) ehm and he’s had to make (0.2) ehm a big decision in his life .hhh while he has to choose between his wife and his girlfriend (0.6) apparently he’s been having an affair for six to eight months (. ) married for eighteen years fees he:

(0.6)

John: Hguhmm ((clears throat))

(1.2)
Milton: choose (0.6) *yeh the *grammar goes (0.4) *down here° feels he choose his ↑girl↓friend and it does not look he cannot go back to ↓wife (0.2) and ↑if he choose his ↓wife he feels he does not love (0.2) ↓her even though he (2.2) ↑ca::res for ↓her (0.4) ↑told all his life decisions are made for him (0.4) but now when has to make it does not

(John): [Hhhhhhhhh hh ((laughs))]

Milton: know what to ↓do

(0.4)

Sally: Err huh huh ((laughs))

(.)

Milton: ↑feels ↓low in ↑mood for many ↑years has cycles of depression which (.) cannot explain does not want to be the person he his does not like being him (0.2) ↑wants to change and move ↓on but feels does not know where to st↑art (0.2) has ↑fleeting ideas of life not being worth ↑living but does not feel as if he will ↑har::m him↓self .h hh

Elsie: °[It's like a telegram° ((whispers))

26
Milton: the GP started on Lofepramine last week (0.2) previously on Paroxetine two for two years (0.2)

Elsie: [Uhhh

John: [Uh

Milton: currently seeing psychologist once a week in Farnham Mental Health Unit (0.2) has

Psy had psychotherapy in past about three to four years back currently looking for someone to talk to him (0.2) and help him (0.6) to make decision for him patient was told counselling would not be done (in the ward) and he was not and he'd been given a leaflet and address at Derby Counsel Centre (0.4) as currently not suicidal patient sent home (.) plan out-patient's (0.2) appointment continue Lofepramine continue seeing psychologist at Farnham Mental Health Unit (0.4) patient advised to contact the ward if he feels unsafe
I i-° it doesn’t really make sense cause if he’s seeing sheila he [would have been referred through Shipstone Road tea:m=

why’s he

been°

why’s he

Mmm

Mmm

Mm°

Mm°

But is it our tea:ea

But is our tea:ea

Yeah=

Yeah=

Ribble don usually isn’t it

Ribble don usually isn’t it

Yeah

Yeah

Why d-
Sally: I just can't understand why he would be seeing Elsie: [Unless Ribbledon that (.) that's our area Stella: Unless he recently moved he could've=

Sally: =Yea[h Elsie: [Maybe mmm

Sally: Well I can talk to Sheh[eil↓a ((laughs)) Elsie: [Mmmmmm

Sally: .hhh [bu- a mean he keh si ih it would seem odd if he was seeing the Elsie: [↑please ↓do
Sally: psychologist at Shipstone Road to continue seeing Sheila and then come here.

Elsie: =Mmm=

Clark: =But the request is for outpatient[s is it =hat’s

Sally: [Yes

Milton: [Mmmm

(0.2)

Sally: Yes=

Clark: =Is it

(.

Milton: Yes:

Clark: [although that’s I mean =that’s what the ward doctor =thought

Sally: [Even so

(0.6)

Sally: Even so
Clark: It's early, isn't it? [I mean...

Elsie: [Mmmmm

Sally: It is.

(Val): Ah hguh uh hguh hguh mmm ((coughs))

Sally: [Right well the next one. GB I don't know whether...

someone's got that s-

Val: =Yea::h I've got that it'[s ah:

Sally: [Request from Suzanna

(Val) Yes request from Suzanna° (0.4) GP's Doctor Ky: le (1.0) ehm (.) °just looking for a date of birth actually° (0.4) ((rustling of paper)) oh (0.2) forty seven (0.8)
ahmm it’s badly photocopied so I’ll do my best (0.4) initially presented with obsession ruminations .

(Stella): Mmm mm

(.)

Val: ahm re work on teeth (. ) more recently has admitted to (. ) more (0.6) something social phobia (. ) *(look) can you read that*=

Elsie: =I- (0.6) because it’s a specific anxiety management referral it’ll all be in the other letters *anyway*

(.)

Val: Sorry (anxiety)

Elsie: *[that’s that’s my anxiety management referral form you see]*

Val: =Oh s::o::ry= ((laughing))

Elsie: =so it’s a specific referral to me:*
Val: O\textit{Kay} [so
Elsie: [Yeah
Val: it doesn't need
Elsie: I- (0.2) we \textit{probably} don't need to read it out in the team if it's been discussed be\textit{fore} \textit{in} the \textit{team}
Val: Right=
Elsie: =and Suzanna's \textit{just} \textit{channelling} it through here to ((\textit{banging sound})) m- send me a
Val: [fine fine \textit{fine} \textit{fine}
Elsie: direct anxiety management referral
Val: [\textit{indiv\textit{idual}} isn't \textit{it}
Elsie: No it's for assessment

Val: [Well that's what she says on the bottom request for individual work because she doesn't think she can cut the group]

Elsie: Well I assess everybody and talk to them about a group cause if it's individual anxiety management she'll have to go on the waiting list hhhhh

Sally: [Mmm so would it be you or Deborah who's going to assess for=

Elsie: I'll have a chat with Deborah I mean I think that one as I sort of team an assessment if there's a possibility of individual (1.2) ehm so yeah I mean Susan mentioned it to me and er I said I'd probably look at that so you can put my name next to it
Sally: Thank you (0.6) right Arabelle (0.4) B↑N

(0.6)

Ron: Or ABN=

Sally: =ABN Ha H[a ((laughs))]

Ron: [even (. ) hmm hmm hmm ((laughs)) (. ) ↑ahːm ((banging sound)) (3.0) not a lot of information ↑here erm (0.2) re AB↓N whose date of birth ↓is the ninth of the third (. ) eighty fiːve (0.6) ↑dear doctor thanks for seeing this sixteen year ↓old ↑girl (0.2) who has told me that she has an ↑un↓con↑trollable ↓violent ↑temp↓er (0.2) she:

has lost ↑many frieṇ:ds through ↑thiːs (0.2) and broken many ↑objects (0.4) whilst ↑throwing things around in a ↓rage (0.6) she acknowledges that this is her own ↑fault (0.4) but ↑would like some ↓help in con↓trolling herself (. ) I th↑ink that there might ↓be: in inverted commas anger ↑manage↑ment cour↓ses (0.2) ru:n ↑via your dep↑artment=

Sally: =Mm Mmm Mmm ↑noho= ((laughing))

Ron: =Oh no ↓they’re ↑no↓:t (. ) and if so I would be ↑grateful if she could be re↑ferred
Sally: [No ho ha ha (laughing)]

Ron: to one (0.4) "but there aren't" (0.4)

Sally: "Well there's no mention of a mental health [↓problem]. hhhhhhh shall I: hu- which doctor is ↑it

(Val): [No

Ron: [No none there

Elsie: [No

Stella: [Well I can't see anything

(.)

Elsie: Ring=

Sally: =No::: shall I [ring ↓up

(Ron): [Ring

Milton: [Ring
Milton: The other issue is that she's only six
Sally: [Yes
Milton: [is she still at school] and [she maybe err
(Val): [Mm
Sally: [It doesn't [say] doesn't say
Ron: [Not there at all
(0.6)
Milton: She may be eligible for I uh child psychiatry [and they may take that sort of thing so we don't know
Sally: [Yeh
Elsie: [Mmmm
Elsie: [yea:h
Elsie: Especially at that age yo-
Sally: °Right° (0.2) well ^let me have (0.6) have that one (2.8) ((banging sound)) °(ooh I’m sorry) (2.2) and next° and then the ^last one is (0.4) that’s (.) one of your (0.2) files ^Ron

Ron: [Mm mmmm yes (0.2) ^EC\_ee=

Sally: =Mmm mmm ((laughs))=

Ron: =is eh::m (0.6) a young \_woman (.) ^well known to er myself and ^Milton (0.2) who (0.6) you ^may have (0.6) heard ab\_bout (0.4) ehrm (0.8) and with\_out going into lots of (0.6) co\_mplicated (.) ^\_tail .hhh (.) eh::m (0.6) it would (0.2) be

Elsie: [Yeah

Ron: ^use\_ful (0.2) to ha\_ve (.) some ^sort of assessment (0.4) about function and occu\_pation and (0.2) all that sort of \_thing=

Elsie: =Mmm mm=

38
Ron: "ehrm (0.2) because (0.4) those are things that she struggles with and erm (0.6) phoo (exhales loudly) she's (0.4) she was asked to leave school (0.4) ah:rm she struggled with (.) with employment she's stuck (0.2) erm (0.2) on the farm were her parents are and would like to (.) you know (0.4) go out and do more but it's a question of what's she capable of and what is there (.) and (0.2) so on and so forth (0.2) erhm (0.6) we thought (.) it might be useful to=

Elsie: "Mmmm=

Ron: "to have some sort of assessment of those things (0.2)

Elsie: "Mmmm so she's (.) quite happy with that idea (0.2)

Ron: "Well I'm seeing (0.2)

Elsie: "((knows that I'm me) (0.2)"
547 Ron: Well the mum's certainly isn't very (cough) is very difficult to get (0.2)
a straight answer to a straight question=

549 Elsie: =Yeah=

550 Ron: =from her any way (.) but I'm actually seeing them (0.2) tomorrow=

551 Elsie: =Right=

552 Ron: =so (.) ehm (.) yeah I was going to sort of float the idea of=

553 Elsie: =Yeah .hh [an and maybe have a chat with her about whether she wants me to go

554 Ron: °{(-----)°

555 Elsie: along with you or whether she's happy for me to contact her cold or whatever

556 Ron: [Mmmmmmm Yeah i-

557 it may be difficult to get an answer to that but er

558 Elsie: °[Yeah° yeh

559 Clark: [The family don't (. the family
don't allow home visits do they generally
Ron: [.hhhhhhhhhh the \textit{family} ar- ar- (.)) pretty well

her \textit{father} (0.2) he's (.)) he's fairly strange about (.)) ehm (.)) people

\textit{visiting=}

Elsie: Mmmm

(0.2)

Ron: and they sometimes \textit{arricade} (.)) the drive\textit{way} n

Elsie: [\textit{Ooh} dear

(0.2)

Ron: "and things like \textit{that} (1.2)) and Ihaa’d tehell you mohore dehet\textit{ail} ((laughing))

(0.4) "er (.)) you know (.)) if you want

(.

Elsie: Yeh (0.4) yeah thas f[ine

Ron: [I mean I \textit{don’t} know whether it would be likely you or or (0.4)

Debor\textit{ah} or (0.2) well it[’ll be \textit{you}
575 John: [hgm hgm hnmnmnmnmnm ((sound of throat clearing))]

576 Elsie: [↑Well it’ll be [me for our tea↓:m yeh ↓yeh]

577 Ron: [Y- yeh yeh yeh]

578 (0.4)

579 Ron: Yeah ok↓ay

580 (0.6)

581 John: Sally (0.2) I’ve got ehm (0.2) a ↑verbal referral↓al

582 (0.6)

583 Sally: Okay [nnnnnnnnn]

584 John: [actuall↑y

585 (.)

586 Sally: There’s ↑also ss a message here from Kal↓:th .hh saying ah well I’ll ↑need↓d to say the

587 na↓:me but anyway ↑Euan ↑Blessed called he’s been ↑out↓ of the ↓area GP asking for

588 continued ↑input
Elsie: °Mmmm°= ■

Sally: =Is that (.) meaningful to people?

Clark: Well I've just closed it again on behalf of me and Milton.

Sally: [Right

(Stella): [Mmmmm

Clark: I mean I saw the message but=

Sally: =Okay it's just=

Clark: =problem was we'd have given him two invites to come for a joint assessment and

heard nothing

Milton [At least

(0.2)

Milton: At least two
Clark: So: (I suppose I'm wondering what out of the area means.) I mean last time he was out of the area he was actually in jail so I- i-

Sally: °[Right°

Clark: time he was out of the area he was actually in jail so i- i-

Milton: [Mmmm

Sally: [Hhh .hh uhh huh rihaight=

((laughing))

Milton: =There's a good chance that's what it means (. ) still (0.2) that's what it meant

[(this time ((banging sound)) as we'll=

Clark: [I mean

Clark: =apparently he's come in last week is that

(1.6)

Ron: [[(he's been to jail and he's been in this town) last (week) ((laughing))]

Milton: [[Was it him that came (was it him that came in}}
Clark: Yea: saying that the GP was keen for him to be referred again

Milton: Well we'll wait until we hear from the GP

Clark: Yea: it sounds like admin

Milton: That's what I'd do

Elsie: [But that GP has rung

Clark: Alright cause it sounds like admin ts sent him away (. ) to get re-referred by GP so has that happened

Sally: [So we can leave it I've

Clark: So we haven't had anything

Elsie: [Wasn't that ( didn't you say the GP was asking
Sally: It just says GP asking for continued input, but there's no referral.

Clark: What Clark said was that he came up and said the GP was keen for him to be seen.

Elsie: [Mmm]

Clark: [Yeh, that's the message that's in the book from last week. It's whether it's been.

John: [Hgm hmmm ((clears throat))

Clark: added to since then.

Elsie: We need Kath to clarify then.

Sally: [Mmm]

Clark: What do you think we ought to do? Cause I mean I'm
Milton: =TI would leave-

Clark: [at this ↓stage it's ↑assessment isn't it=

Milton: =TI would leave it at the ↑moment ↓until the GP (0.8) re-refe:rs=

Clark: =°Mmm°

(0.4)

Elsie: But we ↑need to clari↓fy whether that

(0.2)

Elsie: [[G:: P:: has ↑ru↓:ng=

Clark: [[Yeh ↑I'll

Clark: =I'll clари↓fy with ↓Kath

Elsie: [cause I mean if the ↑GP's ru:ng and thin[ks that we then ign↓ore

Sally: ↑You're going to clarify=

Clark: =Y[eah I'll clarify with ↓Kath

Sally: [Okay thanks Clark
Sally: Right=

Stella: Can I just go back to (. ) page eight Sally Marilyn Ros
ted

Sally: [Yes please

Clark: Yeah

Sally: Yeah

Stella: erm (. ) Cynth sent the file (.2) over t- ss (.6) sent the information over to

East ((Sister CMHT)) but they’ve not yet responded to (.2) whether it’s for them or

u::

Ron: [.hhhh uhhg hhhugu hhhguh hhgun

((Coughs))

(0.4)

Sally: Marilyn Rose so we’re going tu:: leave it on the=

Stella: [Errr yea::h she just
Stella: Yeah

Sally: Ok

Clark: It says on the\:re they're going to discuss it

Stella: Yeah

( . )

Clark: last

Stella: so it's gone to them

Clark: the eighteenth

Clark: yeah

Stella: so

(1.0) ((sound of rustling paper))

Sally: Well I'll leave it there ( . ) for the moment

Stella: Mmm mm

(0.2)

Sally: E:rm and John you said you've got some
690 John: [Ye:ah . hhh ehm (. ) th- I mean the ↑reason this
691 ↓err a sort’ve ↑verbal refer↓ral is cause the GP didn’t want (0.2) actually to ↑write
692 a refer↓ral hmm ((laughs)) ts . hhhh err and it’s ↓on (0.2) Mark ↑Sparrow
693 (0.8)
694 Milton: Uh
695 (. )
696 Sally: Do we want to put it on ↑here ↓then
697 (. )
698 John: E[rr y-
699 Sally: [I guess we ↑do=
700 John: =Yes hghghg ((clears throat)) I’m (. ) not going to be ↓able to give you (. ) all his
701 ↑details ↓I’m afraid
702 (. )
703 Sally: How do you ↓spell (0.2) ↑Sparrow=
An it's (.) it's an odd request really (0.2) ehm (1.2) be: use I got rang by one of the GP's at his practice (0.4) er asking for our help (.) really and this is a gentleman I saw about eighteen months ago who's er (0.2) Glaswegian ((sound of paper turning)) he's had a (0.2) very traumatic upbringing (.) in the sense that he was ehm (.) subject to a lot of (.) physical and emotional abuse (0.2) in his ehm (.) early days (1.2) he's in a relationship with another lady and they (.) with a lady rather and they eh six children (0.4) errr various ages (0.6) er all I think (.) from different partners (0.6) and (.) I sort of get a sense that (.) life at home is ((sound of paper turning)) relatively chaotic at one level (0.2) he's a long contact with the services he was surfs previously seen at the
Shadwell Unfit and was em (0.6) labelled (0.2) as havin:g (. ) thought to be suffering

from (. ) errr sort of recurrent chronic (0.4) der recurrent depressive episodes

(0.6) ([banging noise]) err (0.2) a::nd (0.6) another problem of his is (. ) that he

has ([sound of paper turning]) difficulty managing (. ) ang\er (0.4) a::nd hee abuses

cannabis (0.6) a::nd I saw him (0.2) in clinic (. ) as a follow-up from doctor:

(0.4) err s- san- Santia\go ( . ) Santia\go saw him ( . ) previously . hh (0.2) a:nd err

he came to one (0.6) clinic and ws ( . ) was very very intimidating and he never

particularly came back n hh he was saying all sorts of things like the (0.2)

previous doctor had made this referral without his consent and it was all (. ) all a

bit crazy really (0.4) hahaha ((laughing)) I mean I’ve (. ) I (0.4) found him very very

intimidating (0.2) er (0.4) sort of made a mental note that I wasn’t

never ((laughing)) going to see him outside of the environment (0.6)

ehm (0.2) he does have a forensic history (although) (. ) with details that I can’t
tell you at the moment (. ) now the problem at present (. ) is (1.2) that the GP
he’s been seeing (. ) has gone off sick (1.2) and ( . ) the GP is the GP fourth
dohown ((laughing)) on page nine (0.4) .hh err (0.4) uh hguh uh hguh ((coughs))
(0.6) and (0.8) I I can’t tell you exactly why the GP has gone off sick cause it
felt difficult to (0.6) to actually ask (0.4) but I ha-

Milton: [When you say fourth down [on page
nine there’s a blank fourth down=

Elsie: [Nnn huh

huh ((laughs))

(.)

John: =Nur one two three four=

Clark: = (Oh fo[ur u::p)

John: [no FOURTH from the bot tom=

Milton: =Four[th

John: [I’m sorr y .hh ahhg hughh ((coughs)) ( . ) fourth from the bot tom
Milton: No I see

John: Right well this GP has gone off sick with as reading between the lines some mental health difficulties and before he went off sick he had what the practice are describing as an inappropriate contract with Mister Sparrow=

Elsie: =°MS°

(0.2)

John: the inappropriate contact being that the GP was rather strange with him and was asking him sort of really weird questions. Hhh like for example one of the questions he asked him was you know he filled this glass of water and he put this glass of water in front of the patient and says what's that you know and there's there were just a couple of odd things that happened (.).
now basically (1.2) I'm not so sure how well the practice have handled this but

err

(0.4)

Milton: (he was seeing him for ages wasn't he)=

Clark: =I thought it was a one man band was it

(0.2)

John: Well (.) I ah thee lady: doctor who spoke to me (0.2) I do- I I think it is single

but this is (0.2) presumably a locum=  

(Clark): =Mmm mm=

John: =doctor=

Milton: =I think he has some links with erm=

John: =Ah hguh uh hguh=((loud cough))

Milton: =medical centre or err you know (---)° ((recording level drops after cough))

(0.8)
John: Anyway (.) difficulty ↓is that erm (0.2) ↑since the incident the ↑patient is saying that he’s increasingly disturbed (0.2) he’s been using more cannabis to manage the ↑problem. hhh and you know it’s ↑all because of this doctor and he wants some ↑help (0.6) ehm

Ron: [hguh hguh huhh= ((coughs))]

John: =the ↑practice I think (.) are ehm I mean when ↑I spoke to ↓this (.) err (0.4) during other doctor (.) the doctor making the referral she was (0.2) she was talking in terms of post traumatic ↑stress ↓disorder which of course is (0.2) ↑wholly inappropriate diagnosis (0.6) ehm but you know the impression I got really was that somehow the whole affair had got ↑quite blown out of proportion (0.6) err (0.4) because it was a once off incident I mean ↑having ↓said (0.2) ↓that it’s not clear to me what the ↑impact (0.6) of this particular (.) consultation with this patient ↓was (0.2) although if I’m honest I feel quite ↑jaundiced about (0.2) about ↓that (0.4) ah cause I (.) I think personally think this patient is quite
manipulative (0.4) ehm (0.4) wanted (0.2) to err to make (0.2) a
refererral for an assessment (. ehm (0.4) of his mental health needs
because they feel (0.4) that he needs someone (.) to talk to about his incident
(0.6) ehhmm (0.6) I mean I wiz (.) in between the taking the refererral I mean I (.) I (0.4) I mean duh I din' know really how we (.) how we'...
(Sally): [Mmm mm]

John:  
- asked them if they wanted you know go through with him he's had meetings with the practice manager er which is pretty standard when this sort of thing happens. I think he's had a two hour two hours of meetings with practice manager and errrm he doesn't actually want to make a complaint against the GP. my sort of feeling about that is that the GP's probably given him a quite a reasonable service actually y=

Milton:  
- that GP ehm from other patients I understand he used to spend or does spend a lot of time with them you know they do sort of value that

John: [Yeh yeh]

Milton: that he he gets very involved in their problems and makes all sorts of

John: [yeh]

Sally: [Mm]
Milton: suggestions n=

John: =I mean ^my (.) m[y my f:^antasy about this what's happened ^is (0.2) that the

Milton: [(--------)

John: reason this patient ^might be dis^turbed (.) is that the patient

Milton: [Mmm

John: ^might (0.2) be con^cerned that he's made (0.2) the doctor go (0.2) ^bonkers mm=

Milton: =Mmm=

John: =for want of a better exp^ession you know or duh of o[r dis^turbed the doctor

(Stella): [Mmm

Milton: [And th-

John: the [doct^or's

Milton: [and there might be some

(Sally): Mmm=

(0.6)

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Milton: It’s that.

John: Yeh no there could certainly be some basis in that (. .) that’s that’s I mean that’s why (. .) it’s (come to this)

John: [Has he left you with very uncomfortable feelings]

Milton: [He wiz he left me feeling very very disturbed (. .) he’s equally the most dis- (. .) he’s equally left me with the most difficult feelings I’ve had since I’ve joined this team]

Val: °Ah°=

Milton: =hhhh=

Sally: =[[Mmmmm

Stella: =[[Mmmmm

(0.4)
John: "He's a horrible character."

Milton: "Mmm=

John: "hh huh hh ((laughs)) for want of a better word. hh[hhhh

Sally: [Mmm

John: ehm hhh what I said is I'd bring it back to the team

Sally: [Mmm=

(Val): =Mm=

Elsie: =[[Mmm

John: =[[Ehm

Clark: Thinking the climate at the moment to: (0.2) ha- not have something in writing to: respond to: you know (.) ss the fact the conversation took place on the phone. hhhh it not having a written referral from that doctor does
Milton:  [Mmm
Sally:  [Ye::s
Val:  [Mmm
(.
Clark:  make it slightly  \textsuperscript{\mbox{dodgy}}  doesn’ \textsuperscript{\mbox{it}}
(.
John:  hugh huh ((coughs)) well  \textsuperscript{\mbox{these}}  are the  \textsuperscript{\mbox{things}}  we should dis\textsuperscript{\mbox{cuss}}  \textsuperscript{\mbox{really}}
Clark:  [Yea::h
Milton:  =\textsuperscript{\mbox{That’s}}  a good poi::nt (.)  I  \textsuperscript{\mbox{mean}}  (.)  it  \textsuperscript{\mbox{does}}  sound as  \textsuperscript{\mbox{though}}  he needs a
Elsie:  [Mmm
Milton  \textsuperscript{\mbox{jo::nt}}  assess\textsuperscript{\mbox{ment}}=
Elsie:  =Mmm
(.
Milton:  a::nd  \textsuperscript{\mbox{if}}  they could se::nd us a written  \textsuperscript{\mbox{re-referral}}  .hhh  \textsuperscript{\mbox{not}}  necessarily spelling out
the  \textsuperscript{\mbox{de::tails}}  (0.4)  ehm  (0.6)  you  \textsuperscript{\mbox{know}}  (.)  but  (.)  you could jus-  (.)  they  \textsuperscript{\mbox{could}}
just say something like the patient was left as we discussed over the phone the
patient has been \textit{left} with disturbed feelings following an encounter \textit{you} know=
\texttt{John:} =Mmm yeh=  
\texttt{Milton:} =something like that\texttt{(0.4)} and \texttt{then we could sort of}
\texttt{John:} \texttt{(Without going into the details)}
of it but then make a \texttt{written referral nonetheless=}
\texttt{Elsie:} [Mmmm}
\texttt{Elsie:} =[[Yeh=
\texttt{Milton:} =[[Yes=
\texttt{Sally:} =Yea=
\texttt{Milton:} =((and)
\texttt{John:} \texttt{(coughs)}
\texttt{Milton:} =I mean \texttt{that's a very good point} \texttt{Clark (0.6)} and \texttt{then} ehhhrm=
\texttt{John:} \texttt{What are your concerns=}

Milton: [we need to arrange I think a joint assessment with twosuitable people and you can discuss who that might be=

John: I mean I don't mind really seeing him if you know what I mean

Milton: [Ehm

Milton: Ye:ah I mean ah I (.) I don't mind really seeing him if you know what I mean

John: =Ah that's (.)

Milton: I suppose you could say you could say there are er (. ) transcul\[ural issues that I might have a

(Ron): [hmhmhmhm

Sally: [hm hm (.laughs)]

John: [I think you might have a=
Milton: =an infohormed ↑viewed oh[on but ehm= ((laughs))

Sally: [hmm hmm ((laughs))

John: =Yes=

Milton: =Err=

John: =I mean I ↑think part of .) I mean I have ↑some reservation about seeing ↓him

we- to be ↑quite honest as ↑soon as the GP (. ) mentioned his na↓:me=

Milton: =Yeah (Mark)=

John: =I just ↑felt (. ) I just felt that ↓erm=

Sally: =Mmm=

John: =hhh (.2) I I ↑suppose I think I'm very ↑prejudiced against him actually↓ (1.2) and

at ↑some level (.6) you ↓know I think a ↑joint assessment would be a ↑good idea

because ehm (.6) would be interesting for me to hear from someone ↑else (.6) you

know someone else's accou:nt of how they ↑felt

(Val): [Mm [mmmm
(Stella): [Mmmmmmmmm

(Elsie): [Mmmmmmmmm

John: you know what he was about really (0.6) because he introduced.

(Val): [mmmm

(Elsie): [mm

John: VERY punishing stuff in me I just (0.2) you know I just (0.8) an an and fearful stuff in me as well I just think you know get out of my space you know (.).

(Val): Mmmm=

Milton: But he was err quite intimidating was he=

John: He was quite intimidating and in fact [when I

Milton: [In what way was he err=

66
John: =He wiz he wiz r\textarrow{oa:::r\textarrow{ing}} and \textarrow{shou:::t\textarrow{ing}} (0.2) and I \textarrow{think} one one of the things that was \textarrow{diff\textarrow{icult}} was (1.4) you know I'd been \textarrow{set\textarrow{up}\textarrow{to}} experience him I think (0.4) as intimidating be\textarrow{fo:::re} I \textarrow{met\textarrow{him}} because the= Milton: =I think I remember (-----reviewing) him=
John: =Pardon=
Milton: =Sorry (he only bumped into him)=
John: =because the: (0.4) the: \textarrow{outpatients} staff said you \textarrow{know} that he'd often \textarrow{pa:::ce} in outpatients and he'd often be (.) quite de\textarrow{ma:::nding} you know if his app\textarrow{ointment} wasn't on ti\textarrow{me} n (0.6) you know so the \textarrow{who:::le} [thing sort of
Milton: [Mmmm
John: felt [very cranked \textarrow{up} .hhh I mean ah it \textarrow{wasn't\textarrow{reall\textarrow{y}}} till after seeing him I
Elsie: [Mmmm
John: mean \textarrow{the} he did make \textarrow{n\ ex\textarrow{ceptional}} \textarrow{impact} on me I have to say because (0.2) I \textarrow{ended\textarrow{up}} on the basis of \textarrow{see:::ing\textarrow{him}} for half an \textarrow{hou\textarrow{r}} \textarrow{wri:::t\textarrow{ing}} over two and
a half pages of ↑notes on ↓him (0.2) bec- you know just (. ) just trying to get my
↑H:EAD a↓round (0.4) th- t[h- what was going ↑on ↓really .hhhh (0.4) a::nd (0.2) the
947 Milton:
°[Mmm°
948 John:
↑other the thing that really ↓struck me ↑most about him ↓wa::s (0.4) something he said
to me which ↑didn’t of course dawn on me writin' the (0.4) in the account but (. )
ocurred to me ↑a::fterwards (0.6) he said that he’d ↑a::lways mahn- er ma:naged in
951 life by ↑b:ullying ↓people=
952 Milton: =M[mmm
953 John: [that that was his ↑modus operan↓di (0.6) and it ↑wasn’t until ↓afterwards that I
954 thought to myself well ↑that’s ex↑a::ctly what’s happened with me to some ex↓tent=
955 Milton: =Mmmmm=
956 John: =that he’s ↑come across actual↓ly as ↑very intimidating and ↑bull↓lying (0.8) and I
↑mean that’s what ↑ha:ppens I think ↓I (0.6) ↑you know I (0.6) put my ↑foot ↓down
↑rea↓ly at one level (0.2) an (. ) an stood my ↑ground with him and con↑fronted
Milton: [Mmmmm]

John: some of his behaviour hhh which I think (0.6) potentially be therapeutic cause I think it's=

Milton: So having done that might make you the best person to see him again if you know what I mean but=

Elsie: =Mmm=

John: =Yeh I mean I du (. ) I think (0.2) you know one I wouldn't want to see him out of a fairly secure-ish environment (0.2) simply because (0.4) you know I think in

Milton: [Mmm m]

John: order to put my foot down with him I (. ) I would need to feel personally quite]

Milton: [Ye: s

(Val): [Yeh

Sally: =Mm=

[69]
(Val): ]][Yeh

Milton: ]][Mmmm=

John: ]err (1.2) \uparrow you \downarrow know and to put some stuff back to \downarrow him (1.0) ehm (2.2) but he \uparrow is

err (1.2) "he is ehm quite a tricky character really" ehm (0.4)

Milton: So we'd \uparrow have a \downarrow choice between \uparrow two:: of us seeing him \uparrow he: \downarrow re (1.0) "maybe you n

(1.0) ((turning of pages)) Clark or \uparrow Ro: n°=

John: =He's \uparrow not great with \uparrow trans\downarrow port actu[al\downarrow ly

Milton: [Or

(0.6)

Milton: 0::r ehm (0.6) the \uparrow Gener\downarrow al's a bit more \uparrow diffi\downarrow cult \uparrow isn't \downarrow it (0.6) to arrange a

\uparrow joi\downarrow nt \downarrow assessment=

John: =Y\{eah

Milton: [I suppose it (.) \uparrow could be done by some\downarrow body
John: [That's where he's traditionally been seen because
Milton: [Mmmmmmm
John: he's (0.6) he's often had difficulties making appointment because they don't have
transport
(2.8)
Milton: Right=
John: =I mean I think you know typ- (0.4) unfortunately I have another (.) patient who comes to see me who is (0.4) his next door neighbour (0.4) and often (0.2) has ehm hgm (coughs) (0.6) you know complained
Milton: [Mmmmm
John: about noise from next door and the fact that the children are up (0.6) all hours of the night an=
Milton: =Mmmmm=

John: you know I (. ) I ( . ) felt uncomfortable enough I mean procrastinated about it for a while but within the notes there was a letter for social services regarding the children and it just I couldn’t get in out of my head and I . . . I left it for a while because I thought no you know you can’t just you know you don’t know why you’re jumping into it to get the social services involved so I’ve left it for a while but eventually I just couldn’t put the thoughts of this man bullying children out of my mind so I actually spoke to a social worker this particular social worker about him again simply (turning papers) you know sort off knowing that they wouldn’t do anything about it =Mmmm Milton: (. )

John: a social worker this particular social worker about him again simply ((turning papers)) you know sort off knowing that they wouldn’t do anything about it =Mmmm Val: [Mmm
John: err but simply (0.2) you know (0.4) thinking that if if they recorded something
and it was part of an accumulation of things then .hh maybe that was the right
way to manage it.hhh ((sniffs))

Milton: I mean you and I could see him jointly at the General

John: Ehhhhr yes (1.2) could do

Sally: .hhh in terms of this list though do we actually want to wait until we get

[a written reference before it goes on he]

Milton: [Mmmmm

John: [Well I'll ask
Sally: [cause that sounds more appropriate doesn’t it]

John: [Yeh I’ll ask them (.) I’ll ask them to do that]

Sally: [I’ll take it off here (0.4) I won’t put it on here at all]

Clark: [I mean given that that referral was discussed with the health authority (1.2) and it was their suggestion almost (0.6) mmm]

Elsie: [Mmmm]

John: [.hh I mean I think the GP’s (0.4) the the GP who (. ) spoke to me their reservations were (1.0) that she you know quite rightly I think you know (. ) she was dealing with a sick colleague and didn’t want that necessarily (0.6) hugely in the public domain and I mean that’s understandable]

Elsie: [Mmmm]

(Sally): [Mmmmmm]
Clark: [Yeh

John: on one level [. hhh but ↑I (0.2) ↑you ↓know ↑part of me thought well ↑it’s you ↓know

(Val): °mmm

Clark: °Yeh°

John: it’s (.) it’s (.) just the way it ↑is and it’s unavoidable and there is ↑levels at which you can (0.2) ↑say ↓things you know and ↑err (0.2) an ↑I think it’s reasonable to say that the doctor’s gone off ↑sick=

Elsie: =Mmmm=

John: =you know say no ↑more=

(Stella): [Mmm

(Sally): [Mmm

Elsie: [Mmm

Val: =Mmmm=

Elsie: =Well absolutely
Milton: [Mmm

John: [which is what I \textsuperscript{↑}so [:rt of \textsuperscript{↓}said (0.2) you know but (0.2) I said

(Val): [Mm yeh

John: I'd I'd brought it=

Sally: =°Mmmm° s[o \textsuperscript{↑}you're but you're going to go back and get it=

John: [to↑day

John: =Yeh=

Elsie: =Mmmm=

Sally: =Ok↓ay .hmmm well \textsuperscript{↑}shall we go back \textsuperscript{↓}to:

(1.2)

Sally: [[be↑ginn↓ing

Milton: [[\textsuperscript{↑}How ↓do you f\textsuperscript{↑}ee::l about that plan because \textsuperscript{↑}we're being \textsuperscript{↓}very mis\textsuperscript{↑}focussed (.). an

I know ↓you

(.)
Sally: =Mm[m mmm ((laughs))

John: [No I fe--

Milton: =This err sort of gene\ rated quite a lot of=

John: =No I'll be o[kay about \that=

Milton: [Mmm

Elsie: =Mmm=

John: =err (0.6) I I MEAN MY ↑reservations about seeing him are mo- (.) are ↑mo::re really about being (0.6) err about being level ↑hea::ded with him ↓really

(.)

Milton: Mmmm=

John: =and (.) ↑you ↓knowmm (.) I ↑only saw ↓him (.) actually as it ↑happened I only saw him ↑once=

Milton: =↑Ah ↓right=

John: =Eh:m ↑but=
Milton: He resonates for a long time afterwards.

Sally: [Huh hee ((laughs))]

John: [Oh no he did and in fact recently the]

Sally: [Uh huh ((laughs))]

John: DVL sent me forms about him (. .) and you know and I could have filled out-

Milton:

Elsie:

John: in these forms and my my my (. .) an I ss I I actually eventually sent the

forms back to the DVL saying I haven't seen him for ages send them back to the G=

Milton: =Mmm=

John: .hh but my impulse actually was to say to write some (. .) a note on the form saying

(0.6) this man as far as I'm concerned was heavily using cannabis and you should

ask about these questions (0.4) but (. .) you know I was quite concerned that I was

really (0.2) you know
Milton: Mm [mmm

John: (↑punitive] talionic sort of ↑stuff=

Sally: [hm hm (laughs))

Milton: =Mmm= [3

John: =you ↓know s↑o:

(1.0)

Milton: Ok↓[ay

John: [He: he’s a ↑trick[y character for ↑me:; any↓way

Elsie: [Mmmmmhhhh

(1.2)

Milton: °Right°

(.)

John: But ↑I’m happy with that as an arrange↓ment

(1.2) ((sound of shuffling papers))
Sally: Okay well going back to ehm (1.6) allocation for assessment=

Elsie: Mmmm=

Sally: Page seven we've got George Jones who can only be offered (.) an assessment on a Monday (0.8) a|hm

Elsie: Mmmm

Milton: Eh::m

(0.2)

Sally: and he is (0.6) he is the guy who (0.2) fifty five year old depression panic attacks anxiety (0.8) requesting some ehm (0.6) behavioural therapy anxiety management from the GP

John: nnhuh huh

((coughs))

(1.4)

Milton: I'll err (1.6) for out-patients C|ee and Wuu
Ron: "Hang on (0.4) (a minute)"

Sally: "Hang on a minute"

Milton: "Eh:::m"

Sally: "Ehm Hang on a minute"

(0.4)

Sally: "Huh huh ((laughing))"

Milton: "So"

(1.2)

Milton: "Jee is (0.6) ehm (1.2) o- (.) from South Felton hhhh ((laughs)) (.) halfway do: wn"

(1.4)

John: "Jee"

(1.2)

Sally: "There we go"
Elsie: Nur-

Clark: =[[Next to next to each other=

Milton: =[(Then next)

(1.2)

Milton: =And BW (is the one with the -----

Sally: [And BW is the one is the one who’s being seen at Shipstone Road

.hhh = ((laughs))

Milton: =(Is the one there okay)

(0.4)

Sally: Yea:h

(.

Sally: [[I mean I’ll talk t- s-

John: [[You guh you gonna make some enquiries about that anyway
I'm gonna talk I'll talk to Sheila because it seems rather strange.

Well we just need to check we just need to check the address. Yeah.

Going back to yours Sally I'll take you'll take yeah.

The only thing we might want to check with BW is that erhm...
Stella: [Ooooooh ta

Milton: the person seeing him might pull out if it emerges that (0.2) his address is outside (0.2) our remit

Sally: Well she would (.) yes (.) cause we wouldn't have any option

Milton: [So THAT (0.4) that might be a (0.2) that might be a shame (laughs)=

Sally: [Mmmmm

Sally: Well yes=

Milton: =It might be best to leave sleeping dogs lie (in that way)=

Clark: =Weh the gee- (.) y'eah the GP's right so something's not

(Elsie): [(We- the GP's)
Sally: There's something very odd isn't there

Milton: I mean I'll get the address checked and if it's in my area then ehm I'll send an appointment but ehm=

Elsie: [Mmmm]

Clark: Alright cause some of Ribbledon is actually in the city

Elsie: [Mmm the c- that's what I wondered]

[yeah if it was over the=]

Milton: [It is]

Ron: [Right]

Milton: But it maybe that they've made a mistake and if that's the case then=

Clark: Eastcliffe

Milton: we don't want her pulling out
Sally: No=

Clark: =[[Don know'f I got mah my ↑map book up↓stairs

Milton: =[[You see (. ) you see what I mean before [↓ehm=

Sally: [Yeh

Clark: =Yeah

(1.6)

Clark: hhhh huh .hh ((laughs))

Milton: [So

(1.6)

Milton: R↓ight

( .)

Sally: So did you say ↑you’re going to check the add↓ress=

Milton: =↑I:’LL check the address and everything n (. ) I’d just ↓leave it with the

Sally: ((Get it ye::s oka:y

86
Milton: psychologist at the moment °[you know (0.2) ^I'll get the address ch[eked°

Sally: [O↓kay

Elsie: [↑Ee might have

↑mo:ved as you say he might've (----) ((Sound of rustling papers))

Sally: [Yeh

Val: Ugh huh mm=((coughs))

Sally: Yeh (0.2) .hh ↑eh:m and we're sa:ying (0.2) let's have a look (0.6) ((sound of

rustling papers)) going ↓do::wn (0.6) ehm=

Elsie: =Well Karen Hu°[stings°

Sally: [J:::=

Elsie: =M[mm

Sally: [I was looking at J (0.4) at the ↑top (. ) JW↑uu=

Elsie: =°JW°=
Sally: Ehm is the thirty five year old who's involved with probation and Phoenix House substance abuse. Hhh and there's concern about mental health issues and they're requesting therapy and Clark suggested that perhaps we need to talk to the probation officer so someone needs to pick that up.

Elsie: [Mmm]

Clark: [Yeh I go- (. ) I think he's been referred before (0.2)

Sally: Do you=

Elsie: =Mmmm=

Milton: =uhg huh= ((coughs))

Elsie: =[[Maybe the name rings a bell

Clark: =[[Maybe he didn't attend or something yeah (5.2)
Sally: Any offers on that one so I guess: (. .) we- it maybe it maybe needs liasion (. .)

initially

(10.2) (turning of papers))

Milton: I think there is only JW LS (. .) and GJ to ehm (. .) allocate

(. .)

Elsie: °Mmm°

(. .)

Milton: For assessment

(1.2)

Val: °G[J°

Stella: ^G[ I’ve done [that ^I’ve got that one=

Sally: [WHAT

Milton: =You’ve got GeJ=

Stella: [is that
1254 Sally: =Ye:s
1255 Milton: [Right=
1256 Sally: =Ye:s (. ) ↓Ye:s= .hhh jus- ah huh= ((laughs))
1257 John: [GJ
1258 Clark: =Okay well ↑I'll assess (. ) ↑I'll assess J↓= 
1259 John: [JJ
1260 Sally: =O::kay=
1261 Milton: =I mean if (. ) if there ↓ar::e (1.0) ehm
1262 (3.0) ((sound of rustling papers))
1263 Sally: °Where's it gone°= ((whispers))
1264 (Elsie): =°nh{hhh nnhhhh°
1265 Stella: [mmm mm
1266 (. )
1267 Clark: °(-- --)°= ((whispers))
1268 Milton: =T's ok\textsuperscript{\textcopyright}

1269 (4.0) ((sound of rustling paper))

1270 Sally: So: the \textsuperscript{\textcopyright}next one is outside our \textsuperscript{\textcopyright}area=

1271 Stella: =Mmm mm=

1272 Sally: =Eh\textsuperscript{\textcopyright}rm (1.2) okay we're \textsuperscript{\textcopyright}leaving th- (0.2) that on the \textsuperscript{\textcopyright}list (0.4) erm (0.4) so the next one is L (1.2) L\textsuperscript{\textcopyright}S (1.2) this is the twenty four year old mother of (. ) two who's \textsuperscript{\textcopyright}very isolated se\textsuperscript{\textcopyright}vere depression (0.6) anxious \textsuperscript{\textcopyright}fears people are watching her and talking about her (. ) some suicidal ideation but sounded like no intent (0.6) ehm \textsuperscript{\textcopyright}history of self harms (1.2) and an abusive \textsuperscript{\textcopyright}father (1.6)

1278 Milton: I mean \textsuperscript{\textcopyright}she may end up coming the way of outpatients but (0.2) ih they're \textsuperscript{\textcopyright}wanting her picked up fairly \textsuperscript{\textcopyright}quick\textsuperscript{\textcopyright}ly so .hhh (0.2) I would \textsuperscript{\textcopyright}guess if somebody \textsuperscript{\textcopyright}can pick her up (1.2) in the next (0.4) \textsuperscript{\textcopyright}week or \textsuperscript{\textcopyright}two and the::n ehm (0.2) if necessar\textsuperscript{\textcopyright}ly (. ) "she can be ehm*
Ron: Pick er /u:/p (. ) [as in a ehm
Milton:  [Mmmmm oh we'll assess
Elsie:  [↑For assess↓ment
Stella:  [Assess=
Sally:  =[[Assess↓ment=
Ron:  =[[Yeah
Ron:  =Yeah (0.2) erm (0.2) well I can ↑assess her in the next ehm (1.2) °four weeks°=
Sally:  =Okay (. ) thanks ↑Ron (0.6) ehm and then the ↑next two are out patients and ↓then
↑Elsie's [going to ↓see=
Elsie:  [Mmm mm
Elsie:  =Mmm mm=
Sally:  =G↑B and then (0.6) A-hay ((laughs)) ABN (. ) I'll ring up the G↓P
(. )
Elsie: Mmm=

Clark: Six[teen

Sally: [Ehrm and the next one's Elsie=

Elsie: Mmm ↑mm=

Sally: So is that ↑i[t=

John: [Can I (.) can I just mention=

Sally: yeah=

John: at the top of the page (0.2) I'd like to refer PG (. ) back to the ↑tea:m actually (0.4) I saw him (. ) I saw him at the ↑hospital (0.6) and he was sort of previously seen by (0.6) ehm

Ron: Fred=

John: ↑Fred=
(Milton): {[Fred
(.)

Clark: Oh he's in a General bed
(1.2)

John: Sorry=

Clark: He was in General Hospital=

John: Yeah yes he's had he's had physical problems but he's ehm

Clark: Yeah mmmmm yeah

John: He's been
t

Clark: [that's when he was referred before]

John: He's become low in mood again really and I think he could benefit from further support

(0.8) ehm (0.4) I think he could benefit from (0.6) ehm (.) further support

Sally: Oka=

John: err from the team
Ron: And that address isn't right though is it

John: Errr no I don't think it is actually off the top of my head=

Clark: No it isn't

John: [HANG ON=]

Clark: Yeah

John: No I don't think it is cause he's no longer=

Ron: Mmmmm=

John: I'm sure he's I'm sure he's no longer there=

Ron: N I'm sure Fred err helped him to move
Clark: Fred's discussions about him a lot of his problems are social care related as

Milton: =“Mmmm”

John: uhh HGHGHGHGHGHM ((clears throat))

Clark: °Yeh°

John: Yeh° that's right (. ) I think that that there there is err sort of mental health (. ) er component in it

Clark: But I do- (. ) I remember when he discharged him it was (. ) ref- (. ) he re- (. ) I know he was referring him to social services

(1.2)
John:  Y[es
Clark:  °[(---)° ((low mumble))
(0.8)
John:  I mean (. ) he's currently on the ward (. ) an I suggested that they have a review of his (0.6) social needs before he goes home (. ) cause they are (0.6) they are fairly pressing (0.6) he's ehm (0.8) I mean he's probably [known to most people
(Clarl):  [Mmm
John:  he's in his fifties he had a CVA two years ago (0.6) leaving him with err (0.6) and he's a long history of depression and some alcohol abuse as well in the past (. ) relationships with the family are pretty much none existent he's quite socially isolated at home (0.6) but he manages in a (.) in a modified environment he is managing to cook and all that sort of stuff but he is quite socially isolated (1.2) (rustling paper) err he's not got particular social money problems as such (0.8) ehm he's become sort of depressed in the last five to six
Susan: and was started (0.6) on an anti depressant and then thereafter he admitted
to hospital in acute retention of urine (0.4) and that's how he's wended his way
to: Joan Rook ((general hospital ward)) at err Harborough

(Sally): "(Right)"

John: [for rehab really] (0.6) urr (0.4) an he's got marked expressive dysphasia (. I mean one of the one of my gripes when I saw him on the
ward was that err (1.8) that you know he was (0.2) he was just sitting there
doing nothing (0.4) really (. ehm (. a::nd I just felt (. I mean maybe there is
nothing can be done for someone but (. ) I just felt that the ward hadn't tried very
hard to engage with=

Elsie: =Mm

John: [his his communication difficulty (0.6) ehm (. you know they hadn't got a f- a a
picture board or anything like that (. err so he was just sitting there doing
↑nothing and (.) feeling very frustrated and (0.2) exasperated by it (0.4) ehm (.) I
was ↑actually asked to see him previously when he was on ↑She:​:rwood ward when he was
(0.2) much more ↑PHYSICally unw:​:ell (0.6) and he told me to bog off ↓really within two
minutes an (.) wouldn’t they ↑hadn’t ↑told him they were sending a psychiatrist and he
was ↑FURious=

1385 Elsie: =Mmm=

1386 John: =So it became untenable for me t- (.to ↑stay (0.2) but on ↑this occasion he was
actually (.) ehm ↑quite co-operat↓ive (0.4) ehm (0.4) des↑pite (.) having some
symptoms of depression ob↑jectively he doesn’t ↑too:​:k terribly dep↑ressed (0.4) he’s
been on Fluoxetine or three or four wee:ks (0.4) ehm (0.4) ↑he:​: was err saying that
he would like more help (.) that he’d had from be↑fore I mean that was his (0.2)
subjective (0.4) err (0.6) ↑throw at it really (0.6) err I ↑think (0.2) at some level
he’d valued (0.2) he’d valued err (0.4) Fred=

1393 Clark: =Mm:​:mum=
John: =Going in=

Clark: =Yeah=

Ron: =.hnhh ↑i- (. ) if my memory ↓serves me ↑right↑ly ↑wouldn't he be eligible for (0.8)
whenever British ↑Leg:ion (. ) ehm maybe be able to offer him actuall↑y (0.6) I mean
I'm not quite sure ↑hha:it that might [be but you know they do a whole ↑host of stuff
↑don't ↓they

Elsie: [Mmm

John: °Yeaa:h°

Ron: I think he'd (. ) be ↑eligible
I mean it could be that he had a sort of SHARP input may just two or three sessions with someone just to pull some things together and to monitor his mental state for a while.

END OF TAPE SIDE ONE

START OF TAPE SIDE TWO

And he’s saying he says that he’s lonely but then on the other hand he says that at one level he’s quite content to be on his own.

but then on the other hand he says that at one level he’s quite content to be on his own.

=He’s not particularly chasing up company of other people ehm so you know so there’s a bit of a an inbuilt paradox there
Elsie: Befri[ending scheme (0.6) might be the way ↑in

John: °[Yeah°

(0.4)

John: Yea:h=

Elsie: =.hh cause it .hhh but it’s (0.2) it’s=

Ron: =He ↓wont’ [accept [that cause it takes for↑ever n he’d sit on the waiting list

for↑ever=

Elsie: [one

Stella: [About three years wait↓ing

Elsie: =Mmm=

Val: =What about the [↑stroke ↓club

John: [Mmmm

(0.6)
John: I mean I did ask (0.2) I did I didn't know about that but I did ask them (0.2) I did ask (0.2) that his social needs would be (.) as wed

Elsie: Mmm well they would be wouldn't they

John: hhh hhhum

Elsie: (Write to Cheshire) volunteers if you want m to get out and do something that was leisure related i- i- but i- (.) it's (0.2) .hhh (0.2) you always need somebody to co-ordinate something like that you see and it depends how

Elsie: [much they do (for you)

Clark: [That's what Fred was struggling with

(0.2)
1448 Elsie: Mmmm=
1449 Clark: =[[I mean ↑that went on for quite a ↑time=
1450 Stella: =[[Mm
1451 Elsie: =Mmmm=
1452 John: =↑How was Fred struggling (↑just say)=
1453 Clark: =Well ↑trying to get his social care ↓needs addressed because it was sort of over at
1454 Loughborough social ↑services he was [struggling to get a ref↑erral ↓al (. ) successful
1455 Elsie: [Mmm
1456 Clark: referral (0.2) ↑over ↓there (1.2) err (1.2) an I mean that’s how it sort of closed
1457 with ↑us that he was (. ) again referred over to “Harborough social ↑services”=
1458 Elsie: =Mmm=
1459 John: =.hhhh Right I wasn’t sure how it was closed
1460 Val: =So what sort of social needs I’m not (0.2) I don’t feel very
clear↓r (0.8) about
Well really I think he's just ehm (1.0) he's very isolated and he not particularly having now he's a he's slightly ambivalent about that=

Val: =Mmm= 

John: =or he so or so it comes across to me= 

Val: [yeah I hear that= 

(0.4)

Clark: =Ye[h 

John: [ehm but (.) you know he's I suppose my feeling was that he'd he'd found himself in hospital again (0.4) I I mean one (.) one of the things the last time he found himself in hospital possibly I think out of a response to just feeling impotent to a whole load of things happening to him=

Val: [Mmm mm 

Milton: =What is his self care like John °I mean°=
John: It's fine at the moment. Huh. "Wu".

Elsie: Mmm mmm it is.

Milton: [Mmm

Sally: [----------]

(.)

John: You have to bear in mind he's in hospital but the last time he was in hospital he wouldn't co-operate with it at all.

(.)

Milton: Mmm=

John: He was actually err mm ehm (1.4) managing his self care with some assistance but not a lot:=

Milton: And what about (.). his (.). the house (.). care in the house=

John: Huh I I don't know what that's like=
Milton: =I mean presumably (0.4) they need to organise a (0.6) you know home assessment and

[er

Elsie: [Mm

John: [I I mean I ↑think they will I think they will ↑do: ↓that=

Milton: =Mmm=

John: =I ↑hope they will do ↓that t (0.2) that was [one of the recommendations (. I made

↑to them

Milton: [Mmm

Elsie: [Yea:h

we need that report really don't we (. if they've done an OT home visit and ↑stuff

(5.1) ((sound of turning paper))

Clark: Yeah mean it'd be worth ↑checkin (. how involved social services were=

Milton: =Well e[:-

Clark: [eh after his last contact with ↑us
1503 Milton:  [exactly it sounds like they need to be involved you know=]

1504 John: =Yes=

1505 Clark: =Yeah

1506 (0.4)

1507 Milton: °Assessing the home°=

1508 John: =.hh I mean I (0.2) I just felt o- you know he (0.4) o- (.) one of the reasons he caused worry cause he had a liaison psychiatry assessment at HGH ((local General Hospital)) (0.4) .hh was because I p- (0.2) my sense of it as best I could was that (.) because he’s VERY hard to communicate with actually (.) his his dysphasia is very bad .h[hhh and (0.6) it was just impossible really to communicate

1511

1512 Val: [Mm

1513 John: with him I was trying to guess what he was saying and he was doing this and getting increasingly frustrated it was very hard for him=

1515 Elsie: =But they could address that as you say (0.6) °they could°=

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John: but he was the sense I get is that he goes you know when he’s pulled out of his own environment and he’s overwhelmed by physical stuff happening and he’s admitted to one hospital and then he’s admitted to this ward you know hhh and the sense I got from him case I asked him some direct questions about this hhh you know I sort of said to him it must be it must have been very difficult for you that you know you were from A to [B] and he

Val:

Elsie:

[Mmmmm

John: was he was acknowledging this you know ehm and I think it does it does bring out suicidal thinking with him and it makes him it amplifies the fact that he’s got this stroke problem and it’s really disabling and I think

Elsie: [Mmm
John: *most* of the time he *lives* with *that* (. ) he’s ac*cepted* it (0.2) but when *physical* things like this *happ*en

Val: *Yea*h=

John: *it* just *amplif*ies all his limitations and how helpless he is etcetera etcetera

Elsie: [Mmm]

John: .hhhh and I think he ends up feeling (0.4) err sui*cidal* .hhh I *think* what was (1.0) i- (. ) the *time* scale was difficult to det*er*mine but it *see*:ms like he was becoming depressed be*fo:*re he went into hospital ev[en although (0.2) you

Val: [Mmm]

John: know they’re pretty=

(Sally): =Mmmm=

John: *almo*st co-temper*ous* I suppose at some *level* .hhhh ehm

Val: Where is he *now*
1544 (1.2)
1545 John: .hh he:'s (.) in (.) ↓hospital he’s on Joan Rook ↓Ward
1546 (1.2)
1547 Clark: (Lockin him away)=
1548 John: =Har↓borough (0.2) no- t- er community hos↓pital=
1549 Val: =Right ↑okay
1550 (1.0)
1551 John: Errrr
1552 (0.4)
1553 Milton: So ↑what you’re saying is his home support’s inadequ↑ate because he’s (ended [up
1554 [being) admitted to hosp↑tal=
1555 John: [Yeah
1556 Elsie: [Mmmmm
1557 John: =I mean I ↑think I ↑agree y[ou know I think I think
1558 Val: [Or ↑ar::e or are you saying ↓that
John: Sorry.

Val: That home support's inadequate.

John: I'm saying that the home situation it's timely to have a review.

Elsie: Needs assessing really does it.

John: have a review of it.

Elsie: Mm mm.

John: That's what I'm saying. I think.

Val: Yes.

Elsie: Mmm mm.

John: Ehrr you know in the light of him really just presenting to services albeit for physical reasons on the whole.
Val: = (Has he ↑real[y])

Elsie: [Mmm

John: [But his ↑mental state has also changed re[cently (0.4) so (. ) you

Val: [Mmm

John: know (. ) how well he’d manage at ↓home I think does need [a

Elsie: [Mmm=

John: = does need a rev[iew

(Clark): [Mmm

( )

Val: [[Mmm

Elsie: [hhh you see at ↑some point (. ) I’d be happy to get involved and co↑work with

someone but I ↑don’t wanna be mopping up stuff that the OT’s at Harborough ↑hospital

Val: [Mmm

Elsie: should be doho↓ing = ((laughs))
(Ron): =°(Mmm [no])°

Val: [No and likewise I need to ((feel) so it's like I I'm just sort of puzzle]

John: [Uhh huh ((laughs)) hh gugh hguh ((coughs))]

Elsie: [Yeaabble]

Val: as to (0.6) how (0.4) what sort of process this (.) this should take=*

Elsie: [Mmm]

John: =Well I was I what I mean

Val: [You know any- any way]

(.)

John: Before I came to the meeting today what I was thinking to myself was that what this

(0.2) you know what (.) the REASON on I'd be asking (0.4) maybe one of the CPN's to
get re-engaged was more more to more to ehm (0.4) in a focused way monitor his

mental state (0.6) not necessarily to take on the mantle=

Val: [Mmm]
Clark: =But I=

John: =of everything \textit{else}

Clark: [I'm \textit{just reflecting} how \textit{Fred felt}=

John: =At what \textit{happened}

Clark: [Fred felt \textit{left} with him

John: [You \textit{see} I didn't know\textit{w} that \textit{when} I saw him

Clark: [\textit{Because} he got this

psychiatric \textit{label} Fred felt left .hhh and felt (0.4) really

Elsie: [Mmm nobody else

Clark: \textit{struggled} to get his \textit{other}

(.)

Elsie: Mmm=

Clark: \textit{err needs and issues add\textit{pressed}}

(0.2)
Sally: T- [and there no role for medical psychology (1.2) in all this

Clark: [more than you'd think

(0.4)

Elsie: Well

(0.4)

Sally: N: o

Elsie: [It sounds very practical to be hotest

(Stella): [It does=

(Stella): =Mm=

Elsie: =Ehm

(0.4)

Clark: "Yeah"

(0.2)
Elsie: You know (0.2) .hh with all due respect but the you know ih it's often a sort of talking type approach I mean it sounds like it's very practical=

Milton: But if

John: =[[We- from a psychiatric=

Milton: =[[But if if if they're saying that i- (0.2) I mean it sounds as though

Stella: [Yeah

Milton: they (0.6) err (0.4) with the psychiatric input as such on the value of antidepressants so forth is (0.4) minimal

John: [Minimal

Milton: Ne- ne::gligible .hhh=

John: =Y[eh

Milton: [and really it's about the home support=
John: =Y[e:s

Milton: [and how he’s handled and all ↑that sort of ↓thing .hhh no::w ↑if Fred was feeling that (0.2) ↑you ↓know the OT’s and Social Services overest− (.) weren’t (.) sort of taking living ↑serious↓ly .hh[h ↑who:: is the best perso[n in the team to liai:se (0.4) a↑bout ↓that

John: [Mmm

(Stella): [Mmm

Sally: [Mmm

Milton:

(0.6)

Val: It ↑strikes me that the whole thing needs ↑somebody somewhere and I’m not sure

Val: ↑w[h↓o and that’s the bit I’m ↑struggling ↓with (0.2) needs to look a:t ↑what’s (John): [Hhhhhh ((laughs))

Val: happening at home (0.4) what services are in [(on ↓that) ↑what he can do what

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Milton: [Yeah

Val: he can't do (1.0) be use (0.6) you know there are certain things that

Milton: [Yes

Val: I wouldn't deal with isolation

(0.2)

John: Yes

(.)

Val: yu know

(0.6)

Val: [[See I think that

John: [[You see I was

(0.2)

John: I felt quite cross when I went to the ward at one level=

Val: =M[m]m

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John: [because (0.4) ↑you ↓know they at ↑one level the mental health thing felt like a bit of a red ↑he:rr↓ing but ↑[you ↓know un↑fortunately what happens is ↑someone presents

(Milton): [Mmmm

Val: [Mmmm

John: like this ↑so:me (0.6) enth↑usiastic (0.6) °b- b-° ↑house ↓office puts them on an antidepressant and ↑SUDDenly it's a psychiatric ↑problem=

Elsie: =↑But he’s had a [str↓oke and he’s got dysph↓asia it’s a ↓common ↑thing

Clark: [We- he’s got a psychiatric ↑history I think that’s wh[y it

Val: [Well

to be fa↓::ir eh:::

John: [hguh hguh hmm ((coughing))

Clark: [Why it hea[ds in this dir↑ect↓ion yeh

120
John: [He actually (0.4) he he wasn't (1.0) you know I've only met him twice (0.4) and he was remarkably better this time than when I saw him the last time (0.6) and he did look relatively self caring (0.4) he did have he did have ehm (0.4) a good affective range (.) I would have said objectively he didn't look particularly depressed (.) hhh ehm (1.6) but you know that that still doesn't mean that this process hadn't happened=

Elsie: =Mmm=

John: =before I got there sort of stuff you know hhh err (.) and (1.4) you

Val: [Mmm

John: know I said to the ward cause the ward were s- basically when he arrived at the ward first he wasn't eating and he wasn't drinking (1.0) and that worried them (0.6) and they felt he was withdrawn and depressed

Val: [This has happened before hasn't it=

John: =but within a day of being in hospital he was accepting fluids he was more
1698 Val: "Think so"

1699 John: co-operative he was co-

1700 (.)

1701 Val: Mmm=

1702 John: =and I said to the ward look you know how would you deal with some

1703 one who was awkward on the ward who didn't have a mental illness because

1704 presumably that's a problem for you and the staff nurse said me said I've only been here two weeks oh ho g[ohhod [huh heh heh ,huh

1705 tear your hair out sort of stuff ((laughs))

1706 Val: [Oh God

1707 Sally: [Mmm mm ((laughs))

1708 (.)

1709 (0.2)

1710 Elsie: Mmm[mm
Val: [It’s=  
John: [Ehm but ↑it=  
Val: =Sorry=  
John: =a- an I ↑spoke to ↓the: (. ) I ↑spoke to ↓the (0.2) err doctor↓or (. ) on (. ) you know who’s ↑managing the ↓ward and I ↑made it clear what ↑I ↓felt ought to happen which is that (. ) there should be a THROUGH review if his home situation . hhh and they needed to do that prior to discharging him (0.2) that his ↑mental (0.4) health  
Elsie: [Mmm  
John: stuff was (. ) was a ↑small part of the equation . hhh he seemed to be ↑relatively  
Val: [Think that’s right  
John: well to me (0.2) "on the basis of how I’d seen him before "  
Sally: But it’s who’s ↓going to do that re↑vi↓ew . hhh=  
Val: =Right (. ) let’s just
[Now they should do that on the ward]

[(If he’s in) hospital that’s organised through the hospital]

[You see Sally that’s what I’m saying now I’ve]

sort of=

Mmm

Yeah

(.)

Got my head round it=

I guess though I mean there’s an issue of whether we:

That’s right he needs a=

whether we pick it up at all=

Yeah

(0.2)

Exactly=
1740 Elsie: =Mmmm
1741 (.)
1742 Sally: If that should happen through the hospital
1743 Elsie: [Mmmmm
1744 Stella: [It's not for here it should happen through the
1745 sure[ly
1746 Val: [Yeah
1747 (1.2)
1748 Val: I think he needs an ADL (activities of daily living assessment) and then we've (.)
1749 an an a home (0.2) assessment (1.8) in the hospital
1750 (0.2)
1751 Elsie: From them
1752 Val: [Which they will do=
1753 Elsie: =Yeh
Prior to discharge=

and they should think

[THEN=]

Mmmm

the you know (0.2) a proper assessment can be made of hhh any social needs (0.6)

etcetera etcetera ahh you know (0.6) (rustling of paper)

Mmm

[[Mmm

That's what needs to happen you know we CAN'T

[Ah supp- ah s-
(Stella): "Mm[m"

Val: can't leave this poor chap because (0.4) you know he falls between (.) sort of

↑[sto↓ols=

(Stella): [Yeah

Elsie: =[[Yeah

John: =[[Mmm well that's what's happening ↓a bit an

Val: [bu:t eh:::m it's like ↑how do we (0.2) actually

(1.2)

Clark: It almost feels like if we allocate to CPN

Val: ↑manage ↓this but I think that's the way to ↑go isn't it ↓he

needs=

Elsie: [Yeah

Elsie: =Yeah cause ↑they've requested a psychiatric assessment ↑you done ↓it you've ↑said

(.) his depression's not the main is↓sue=
1783 Val:  
1784 Val: =[[That's ^right=
1785 Stella: =[[Mmm
1786 Elsie: =his ↑physical ↓stuff and his social isolation and his [occupation needs are his
1787 Val: [Yeah ↑mm
1788 Elsie: [main thing but that's all to do with the stroke and the dysphasia back to ↑you for
1789 Stella: [Mmm
1790 Val: [Yeah
1791 Elsie: ↓now
1792 (. )
1793 Clark: Mmmm=
1794 Val: =Yeah
1795 Stella: [cause I sup↑pose the concern ↓is getting the CPN ↑back who=
1796 Clark: =That makes it ↑less likely that this other stuff wi:ll be ach↑ieved
1797 Stella: [looks as though th've weighted towar::ds mental ↑health a↓gain

1798 Elsie: [You end up [sorting it all

1799 [↑ou::t weren't you=

1800 Clark: [Yeh

1801 John: [I mn ↑that that was=

1802 Stella: =Yeah=

1803 John: =that was his re↓quest presumably at some le{vel he en↑jo:yed having Fred ↓visit=

1804 Stella: [Cause he's had m

1805 Clark: =Yeah=

1806 John: =Eh::m

1807 (Stella): °Mm°

1808 (0.8)

1809 John: You know I don't nee- (. ) I don't ↓feel we necessarily have to ↑wei:ght (0.2) tha::t

1810 (. ) hea:vily (0.4) you ↑know (0.4) o↓w{e::ll°
(Stella): [Mmm]

Sally: [I mean it doesn't sound that appropriate]

(0.4)

(John): hhhhhhhhhhh=

Sally: And b- i- are the hospital going to sort something out: I mean that's that's the question isn't it surely (0.2) and if you've made a request that they (0.4)

John: [Hgggggh ((clears throat))]

Sally: that there be some sort of review is it up to them to do that=

Val: They don't they shouldn't just simply discharge him well that never ever happens in theory=

John: [Well what I could do what I could do

John: What I could do

Elsie: [Mmm mmm mmm mmm mmm= ((laughs))]

Sally: So how how we going to ensure that that happens
Val: [You know it's only fair to them if they if their seen to have needs=

Sally: =Yes

Val: Are assessed before they're discharged

Sally: Yes

Val: home

Sally: So could you get back to them John

Val: Everybody

John: Yeah

Sally: And ehm

(0.2)

(1.6)

(2.0)
John: I mean in a sense I suppose what I feel (I) need is (0.4) I mean I’d (.) I wasn’t quite aware of the thing (0.2) err (0.2) with red (.) actually (.) I wasn’t (0.2) aware of that.

Clark: [Yeah]

Sally: [Mmm]

Milton: I mean ONE thing is is that you’re not sort of left with it in a way.

Elsie: [Mmm=]

John: Yeah

Sally: [Mmm]

Val: [Mmm=]

John: I mean I can go back to them and say you know we’re not: ehm actually err (0.2) err going to actively follow him up at home and the:fore

Val: oMm°
John: you know unless there are specific mental health stuff the vast majority of his stuff is about social care and social needs cause I think

Val: °(true)°

Elsie:

Sally:

John: it was at some level I so:rt of feel that if we don’t put a boundary down about it

Elsie: Mm= 

John: =errr you know if if we don’t draw the line no one else will either

Clark: Well it’s drawn for us that’s the problem
1868 Milton: [Mmmm] it's certainly worth trying
1869 anyway [but .hhh I suppose the only thing is if it does break down there are...
1870 Sally: [Mmm
1871 Milton: ↑you ↓know he does (round) to depression there's some sort of .h[hhhh (0.4)
1872 John: [Yeh
1873 Milton: ↑exit (.) policy where we can (0.2) ↑become involved un[der certain cir↑cumstances=
1874 Elsie: [↑Mmmm
1875 Elsie: =Mmmm=
1876 John: =Yes .hhh well I ↑think I mean what I think we ↑could ↓do ↑is (0.4) ehm I mean what I
1877 ↑could ↓do: is I ↑could go back an I could say (.) I ↑could (0.2) you ↓know (0.4)
1878 ↑offer (0.6) to ↑re:visit the situation in a consultative capacity↓y (0.6) later ↑on
1879 (.)
1880 Milton: [[Mmmm
1881 Elsie: [[Mmm mmm
John: Eh::m

Milton: Ye::s

John: But in the mean time say actually well (. ) you know w- I'm not planning I'm not planning [ehhm be involved in a

Milton: That makes sense yeah yes

Elsie: [Mmmmm

John: very in[volved ]way=

Milton: [Yes

Elsie: Mmm mm=

Milton: That makes sense

(0.2)

John: So I could do [that
Elsie: Mmm

Milton: Mmm

Elsie: I’m thinking about things like you know if he enjoyed having Fred visiting (.)

hh doesn’t have to be the mental health befriending scheme there’s a befriending

John:

Elsie: scheme that’s open to everyone based at Ron Short House that they can (.)

John: Okay

Val: Mmm (that’s very useful) mm

John: Okay thanks for that that’s really helpful

Val: And as I said stroke clubs=
Elsie: =Mmm

John: [(What's) the stroke ↓club

Elsie: [mmmmm

(0.4)

Val: That's at ▼Ron Short ▼House and (is

Stella: =Yea::h=

Val: =[[geared for people who have)

Elsie: =[[do loads of national ↓things)

(1.2)

Val: have had strokes

(.)

Elsie: Support mee:tings=

Val: =Yeah

(0.2)

Elsie: And [ehm
1927 Ron: [Might be worth looking into the British Legion (a:ny[way) because=
1928 Val: [Big thing
1929 Elsie: [Mmm
1930 Milton: =Mmm[m
1931 Ron: [from what I remember Fred saying he's a fairly sort of can:ta:ne:rous sort of
1932 [chap
1933 Elsie: [Hmm hmm hmm [hmm ((laughs))
1934 Val: [Ye[a:h
1935 Ron: [but I think he might sort of probably (0.2) get on better
1936 with the company of other similar [peopl[le rather rah ha ther ((laughs))
1937 Elsie: [Muss [heee huh huh huh huh ((laughs))
1938 Ron: [more than
1939 (.)
1940 Elsie: Yeah I [think it's a good idea
1941 Ron: [you know sort of little old ladies at the [stroke club °((probably)°
Elsie: \([\text{Yea: h}\)

Val: \(\text{Well we'll } \uparrow\text{take} \text{ them away if he's } \uparrow\text{that } \downarrow\text{happy } ((\text{laughs}))\)

Ron: \(\text{Well I'm } \uparrow\text{stereotyping} \text{ like } \uparrow\text{mad} \text{ but}\)

Val: \([\text{ha ha ha ha ahuh hu hu[h huh } ((\text{laughs}))\)

Elsie: \([\text{Mmmmmm[m m}\)

Stella: \([\text{No=}\)

(Sally): \(=.hhhh[hhhhhhhhhhhhh=\)

Ron: \([\text{Uh huh huh } ((\text{laughs}))\)

Val: \(=\text{Huh } ((\text{laughs}))\)

(0.6)

Val: \(\text{Mmmmm=}\)

John: \(=\text{Okay th\(\downarrow\text{anks}}\)

(1.0)
1957  Sally:  Okay is that (0.4) is that everything on the list (0.4) (an [uh]
1958  John:  [ahuuu hugh hughnn=
1959  ((coughs))
1960  Elsie:  =Apart from whether anybody can allocate (0.6) can take Ruby's cause last week
1961  we said=
1962  Sally:  =Yes:::
1963  Elsie:  [for allocation in the next two to three weeks (. ) so
1964  (0.4)
1965  Clark:  And Roy Shilton
1966  (.)
1967  Elsie:  Mmm (0.4) whoops sorry (.) names but ss yeah
1968  (0.6)
1969  Ron:  But isn't there also BD who (they're trying to saddle ss with)
1970  (1.4)
1971  Elsie:  [Tuhhhhh
1972

1973  Elsie:  .hh (thss is

1974  Stella:  [There's always ↑pressure Ro:[n

1975  Elsie:  [nnhuhhuh ((laughs))

1976  Ron:  [Awh=

1977  Stella:  =[(She's still [on  the ↑wa::rd at the min↑ute

1978  Elsie:  =[(He's ↑struggling with ↓this

1979  Milton:  °[Joan ↑Smith°

1980  Val:  [Oh

1981  (.)

1982  Val:  Ouh

1983  (0.4)

1984  Milton:  °There's Joan ↑Smith° ((whispers))

1985  John:  [(Did I me[nion this-----------------------------

1986  Stella:  [So is [(------)
1987 Val: [The file's been found]

1988 John: °[--------------------------------------------.° ((whispers))

1989 Stella: °[(Just send him away)° ((whispers))

1990 Milton: [Ah

1991 [1.0] ((turning paper))

1992 Elsie: °(Anyway) the speech therapist can just help him°

1993 Ron: °[(Will Yvonne see ----|--)°

1994 Stella: °[Mmm°=

1995 Elsie: °[communicate° ((whispers))

1996 Milton: °[So::=

1997 Elsie: °not

1998 (0.2)

1999 Milton: eh::m here are three:

2000 Elsie: °[not fixed to dysphasia° ((whispers))
Milton: Three CP’s here one Roy Shilton

John: Therapist

Milton: [one Ruby Stiles and one c- sorry .] BD (. ) huh hhh [hhh ((laughs))]

Stella: [And she takes three

on her own]

Ron: [And BDL will

need (0.4) a whole host of people]

Stella: [Yeah she’d take th- team up she will

John: [Okay that’s really helpful]

thanks (2.0) at least I can address that now (0.2) and feel a bit better about

it
2014 Elsie: ° [Mmmm

2015 [------------spoonfeed the ward though°) ((whispers))

2016 Sally: [But are there any ↓offers for toda:y []hhhh ahhh↑huh ((laughs))

2017 John: [↑(°Eh:::y°)

2018 Elsie: [(°I’d doubt if she wants to spoonfeed the ward (.) with that pat[ient that annoyed them]°

2019 Stella: [Well that’s that’s the (thi[ng she doesn’t ↓need)

2020 Val: [↑Does she need ↓one

2021 Milton: She ↑needs some↓thing

2022 (0.6)

2023 Milton: [[To keep out of ↑hospital

2024 (0.4)

2025 Clark: [[Needs to be a cause ↑I took somebody off the waiting list two weeks ↓ago=

2027 Elsie: =Mm↑mmm=
2028 Ron: =Well ↑I took ↓somebody last w[ee:k you ↑kno:w
2029 Clark: [Sort of come back
2030 (0.2)
2031 Sally: hhhh[hh .hhh .hhh ((laughs))
2032 Clark: [from holiday and ↑Milton's nn
2033 Ron: [↑Jan Coll↓ett=
2034 Clark: =a↑lerted me to a couple of people as ↓well ↑so
2035 (0.2)
2036 (Sally): .hhhaah=
2037 (Elsie): =Mm[mm
2038 Milton: [.hhhh hhhh=
2039 Elsie: =Mmmum
2040 (.)
2041 Milton: ↑Who's ↓tha::t
2042 (1.2)
Clark: B↓J hhhh

Sally: nn[huh ((laughs))

Milton: [↑B↓J

Clark: Hm ((laughs))

Sally: .hh[hh ↑Oh this is imposs[ible

Milton: °[↑B↓J°

Val: [I ↑hate it when this is:

Milton: (°Who°)=

Clark:=[[↑Brian

Elsie:=[[↑Brian

Elsie: (2.2)

Milton: O↑↓h (0.2) m- pu-
2057  
2058 Sally:  Nn huh ((laughs))
2059  
2060 Milton:  We've had him for (0.4) youks
2061  
2062 Clark:  Yknow but he's been sleeping
2063  
2064 Milton:  Right
2065 Sally:  [Humph ((laughs))
2066  
2067 Val:  So is he waking up to us then
2068 (Clark):  [Mmm
2069 Ron:  [So tips last week
2070 Val:  [Right
2071 (Clark):  [Mmm mmm o
Elsie: Mmmm

Milton: He's okay actually

Ron: °Wh°°

Clark: No dohoh ((laughs))

Sally: Ohh=

Stella: =BJ=

Val: =Ay[s it is BJ's (already been)

Stella: [(this is madness)

Sally: [.hhhhhhhhhh heh heh heh heh huuuh huuuuuuuh huuuuuuuh ((laughs))

Clark: [Won't work Sally it's ↑not going to work ↓Sally
(2.6) ((sound of rustling paper))

Val: Bit like Vesuvius innit

Milton: [Mmmmm (. )

Sally: Ah [hhhh

Stella: [Mmm (0.6)

Sally: .hh okay (0.6) well shall we jus- (0.8) look at admissions and discharges (.) now I can’t see how I can do this without actually reading [out names I’m going to have to=

Elsie: [No you can’t

Milton: [I think we’ll just have

Milton: =Ah hguh ((coughs)) pass it

Sally: [take them out=

Milton: =Pass it around
Val: Do you want nnn

Sally: [Ok\^ay

Elsie: [Mmmmm [mmmmmm (no::)

Milton: [Just pass it \around

Sally: Did you want to do \that

Sally: =\Go on \then (1.2) ((sound of rustling of paper)) pass it \ro:und

(Stella): Mm\mm=

Sally: =\Go on \then (1.2) ((sound of rustling of paper)) pass it \ro:und

(Val): Mmm=

Sally: =EH::M (0.6) do we want a break \now (.) for [ten min\utes=

150
2117 John: [Mmm mm

2118 John: Yes please

2119 (0.6)

2120 Elsie: Yeah

2121 (0.6)

2122 Sally: Okay well let's come back (0.2) by twenty o'clock

2123 Milton:

2124 [Mmm]

2125 ((sound of rustling of paper))

2126 TAPE SWITCHED OFF

2127 TAPE RESTARTED

2128 Sally: Are we going to start with third round have we got some feedback from the ward?

2129 Stella: [We have

2130 Milton: Mmmmm

2131 (2.6)
Stella: Ehhm Colette Stephenson's been fine on the ward her mood is improving no suicidal thoughts and she feels that the ECT is benefiting her eh so we've said that she did feel better the headaches were not too bad em her sleep was okay but she was complaining of pins and needles in her fingers but the doctors thought that it was due to the the problems in the neck.

Clark: I was just goona sss I mean I was wondering if the with her neck and stuff whether ECT is not contraindicated presumably not but

Milton: Well we we did ehmm ask for a X-Ray and everything to show the anaesthetist so he was quite happy mm

Clark: [Yeah yeah]

(0.4)
Clark: "Could it"

John: [Well they modify it don't they]

Milton: Mmm

(0.4)

Clark: Oh you

(0.4)

Stella: Put it in a different place don't they

Clark: [(Intertral)

John: [No no no it's modified with a:

Milton: [No:

Milton: =Muscle relaxant

John: [with the muscle relaxant=

Elsie: =Mmmmm[m
2160 Stella: [Mm[m
2161 John: [ss to ()] [to::
2162 Clark: [Yeah
2163 (0.6)
2164 Clark: Yeah I [just wondered cause she's (0.6) [you [know she's (0.2) always on doing with her [neck and [stuff
2165 (.)
2166
2167 Milton: Mmm
2168 (2.0)
2169 Ron: I mean since [you last saw ECT they've started a[naesthetising people when [th[ey're [i:ll] [hhhh hu:h hu:h hu:h hu:h hu:h ((laughs))
2170
2171 Elsie: [.hh
2172 .hhh huh huh ((coughs))
2173 Clark: [Hehey (.]) I worked in the ECT suite (some[times)
2174 Ron:
Elsie: [Well as long as they transfer her okay don't pull and twist her neck when they transferring her as well]

Milton: [Clark was it your job to tighten the straps hmm hm[m huh]

Ron: [Huh hh hh hhh hah=]

Milton: ((laughs))

Milton: =(or to pull the tapes o(ff)

Clark: [Mm mm mm ((laughs))=

Stella: .hhhhh a[hem ((clears throat))

John: [I mean if it's a conce[rn one of the things the anaesthetist can d:d◦ (.)]

is they can they can (0.8) tournique an arm so that (0.2) so that they (. ) get (. )

to l- look at the response cause the only reason you don't totally (.)[modify it

(Clar[k):

°[Mm◦]

John: is because you (1.2) because you want to see (0.4) you want to see some external

manifestation of the fitting

155
Clark: [Mmm yeh yeh

(0.4) (sound of rustling papers)

John: and they could give a larger dose of Suximetonium (Suxamethonium is a muscle relaxant used in anaesthesia)

(0.2)

Clark: Yeh

(1.2)

John: So (0.4) the anaesthetist just needs to know about it

(0.2)

Clark: Yeh

(2.0)

Stella: She'd been encouraged to wear a neck collar

(0.6)

Elsie: Woooooo=

Stella: =[[-------------------]
Clark: =[[Wha- during ↑treat↓ment

John:               [Hgggh ((coughs))

( . )

Stella: [[Yeh

Clark: [[Yeh

( . )

Stella: Wh[ich she ↑wasn’t but she ↑said that she would and she was given weekend lea↑:↓ve .hh

(Milton): [Yeh

Stella: [Ehhhm Paul ↓Craig who’s on the list has been ↑di:↓s↓charged bu- (0.4) I’ve ↑got a

Clark: [Mm

Stella: feeling that (0.4) di- ↑Fred see (0.4) [this ↓chap

Elsie:                  [Mmm the name rin[gs a ↓bell

Ron:  ↑Doesn’t ri[ng a bell with me
Stella: [↑I knew the t l:

↑naːme for some reas↓n

(.)

Milton: Mind you I don’t know the ↓name "when" (0.4) OH I MIS[SED the ↓ward round ↑that’s ↓right sss fff

Stella: [Cause ↑you weren’t a↑round last ↓week

Milton: hh huh huh .hh [huh huh ((laughs)) I’ll be ↑late next ↓Mon↑day as well so

Sally: [huh huh ((laughs))

(0.6)

Milton: [[hhuh

Stella: [[Okay

(0.8)

Stella: He wa[s admitt↓ed (0.2) em on the fiftee:nth of October via his GP for respite for
Milton: "(What a to do)"

his family (0.8) and when you meet him you can understand it (0.2) he had a

history of panic attacks over the past seventeen years she was low in mood and was

constantly complaining of stomach pain (0.2) and we saw him (0.4) and he just-

he'd got all these notes written down and he went over his family history (0.4) .hh

and (0.4) he was relating everything to having irritable bowel

(0.2)

(Elsie): Hhhhhhaah=

Stella: and stomach problems an (0.8) ehhm an he kept saying I need to get the stress out

and he kept burping in Suzanna's face and it was (. ) he we just couldn't (. ) get

John: "(Huh huh) ((laughs))"

Stella: him out of the room (0.2) .hh ehhhm (0.2) ee w- did have a bit of a sad history

his mum died when he was three an is (. ) daughter died when she was only ten

months old (0.4) the second child was still born (0.2) a::nd he's now just got one
( . ) surviving daughter (0.2) he was in financial problems n we were going to try
and refer him down to the today hospital (0.4) but he's obviously gone (1.6) eh::m
( . ) Cara Too::ne (0.4) she remained lab:ile but she was sleeping well having
thoughts of divorcing her husband (1.0) ehhh (0.6) she said that she felt
redundant at home that her daughter didn't need her anymore (0.6) and she was (0.4)
really quite upset it was the anniversary of her daughter's death and her daughter
would have been (. ) nineteen

Elsie: [Mm

(0.2)

Milton: Yeah she had a (1.2) ((loud bang)) a baby died very young (0.6) or was stillborn

(0.4)

Clark: Mm

Stella: [Yeah .hnh eh::m (0.2) saw her she just said that she was up and down she looked
really ti:red (0.2) .hh and she's query to try Sodium Valporate ((anti-
convulsant) and she was going on leave on Thursday for four hours (0.4). hhhh Jan
Brierly is still waiting for nursing home (.) ehm she’s (0.2) still awaiting this long assessment by a dietician for problems swallowing (1.0) ((sound of paper turning)) ehm Irene Johnson’s a lot brighter she’d had a day on leave and a day of night leave which had gone very well (1.2) ehm but she takes on other patient’s problems (.) bit of a (.) an agony aunt really (0.6) ehm we saw her she said that she felt that she was making good progress leave was very good and she felt that she was reattaching to her children (0.2). hh and she was going to consider taking weekend leave (1.2) Sharon Hastings (0.6) was continuing to self-harm (0.2) and had not been given the dressings (0.8) hh ehm (0.6) a lot of discussion about boundary setting with Sharon in preparation for going to JBU (0.4) we saw her she said that she felt up and down (0.2) even though she was socialising more with the patients (0.8) she was having some leave (.) on Sunday (0.8) ehm she told us
that her parents *aren't* visiting the ward and she's due to start back (---) next week

**John:** Hmm ((sniffs and clears throat))

(1.2)

**Stella:** John Carlton's not very well (0.2) at all (0.8) ehm (0.2) appearing very troubled on the ward (0.6) tactile hallucinations and he was seen pulling his toes saying (0.2) get off get off and he'd got blisters on his toes so he was really quite distressed I don't know what he'd been doing (0.4) hh (0.4) ehhm but he'd still he'd (.) he was constipated as well (0.6) and he'd got tummy pain and he was vomiting (0.2) as well but he's very troubled (0.6) depot's not doing anything yet

**Elsie:** *Oh dear*

(0.2)

**Milton:** Mmmm
Stella: [.hhhh ehhhm ↑Kelly Greer we hara section one one seven meet↑ing (.) and all support
systems set up ↑again in ↑place she was discharged on Fri↓day
(1.0) ((banging sound)) an that was ↓it
(1.2)

Sally: Oka↑:y well I g↓ess we need ↑t-

Milton: [Few things to say about ↓Kelly↑ y ehhm (.) the ↑coun:sellor phoned me
up to say that she was worried cause Kelly was talking about ehm (1.2) feeling
suic↑idal and so ↓forth and ehm (0.2) the ↑message I got from the counsellor wa:s (.)
↑you ↓know that she felt a bit out of her (0.2) de↑:pt err (0.2) her time was unable
to con↑tain it all that (----)=

Stella: =Mm[mm

Milton: [.hhhh ehhhm (.) a::nd ↑she was very keen that Kelly should go to Southlands an all
the ↓rest and that she was worried that Kelly wasn’t ready for (0.2) .hhh and she was
↑wanting an individual meet↑ing with (0.6) ↑me: and so ↓forth (0.4) a↑long with ehm
some other worker duh rem'ember there were two of them
came an I got that one 'can't actually remember which one was which
Stella: [yeh yeh (.]
Stella: Ah ha (.)
Milton: Ehhhm and I can't remember (. who: the other one was was it Sheena Sayers or
something or Jeanie or I don't remember it
Stella: [She's something t- d- yeah with edu cat ion
Milton: [Nnyeh= th- other one (.]
Stella: (.}
Milton: A:hm hhh and the two of them wanted a small meeting rather than a big meeting and I said that you would co-ordinate meetings. 

and so they may she well get in touch with you.

Stella: Yeah=

Milton: about that

Stella: There was a message for me to ring her on Friday but it's never a quick phone call with Sue is it=

Milton: No no it didn't feel that productive when I spoke to her.

Stella: I'll give her a ring

Milton: So I had a feeling that ideally she'd like to pull out really=

Stella: Mm

Stella: Mmmmm
Milton: err we- I put that to her (.) you know that I wondered (.) if she was

Stella: [Mm

Milton: sort of hhh envisaging withdrawing as it were and she ehm (0.6) said that she felt that (.) she couldn't meet Kelly's needs you know (0.2) n I mean having said that of course it was ehm (1.0) it was really when she went on 1ea: ve that (.) Kelly started breaking down wasn't it [so she's clearly) quite important you know ehm

Stella: [Yeh Mmm mmmm mmm

Milton: hhh an I think pulling out would be a (0.6) difficult process but one of the issues for me is that a meeting as you say would be very time consuming with her (0.2) you know ehm (0.4) so I'm not so sure how quickly that could be arranged

(0.6)

Stella: I'll give her a ring in

(0.6)

Milton: "At some stage"
2340 Stella: =soon (.) something like that.

2341 Clark: [hurm hurm ((coughs))]

2342 Milton: [The other thing is arranging the South lan::ds ehm

2343 (0.2) referral I think it needs I think it needs to be discussed with Kelly just so

2344 that it’s (0.4) she’s got some K K KG .hmm [some degree of cohuhmitment ((laughs))

2345 Sally: [Hhm hmm ((laughs))]

2346 Milton: .hmm to it (0.2) err=

2347 Stella: =I mean [s]he’s mentioned that to me before but I was very

2348 Milton: [do you know what I mean mmm

2349 Stella: aware as usual that KG has got everybody in involved and may[be she’s

2350 got (0.2) to many people

2351 Milton: [Mmm

2352 (0.4)

2353 Milton: Mmm
Milton: [[Well it may be an opportunity for those too many people to you know]

Stella: [[You know and err

Milton: be less involved if she was in some sort of system

(0.2)

Stella: Mmmm

(0.6)

Milton: that (.) [that was both therapeutic and containing cause I suppose there’s a

Stella: [mm

Milton: split between where the therapy takes place and where the containing takes place at the moment mm (0.8) (and if we do some did take take it up with her it would be fine) (0.4) the ONLY problem with Southlands referring people here there is that it was all you know there’s always uncertainty over it’s future

isn’t there you know you never°
Elsie: There's a whole new package come round isn't there so: it's

(Milton): [Mm

Stella: [Yeah I've seen it

Milton: [They have: it but

Stella: [Yeh

Milton: at the same time they the Trust's in some so much in the red and

Elsie: [(we haven't got it yet)

Clark: [(It's so deflating)

Milton: (--- disorder's) is the first thing people talk about (0.6) (of all the things)

Val: [Hmm

Milton: isn't it when err (0.2) when that happens so (1.0) .hh ehm (0.2) we'll just

Stella: [Mmm

Milton: have to wait and see (0.4) but (0.2) I guess we ought to (0.4) push ahead (3.8)

probably
Sally: °[Right°= 
Milton: =°(°with°) (. )
Sally: Anything els[e on the ward round °(--------)° ((barely audible mumble))
Milton: [°(°the request°)
(0.8) ((sound of rustling of paper))
Stella: No (0.4)
Sally: °okay well °shall we move on to the waiting °list °(0.2)
Milton: °There's one issue from the ward round ehm °sorry but (0.6) which affects °Ron which
is that (0.6) CMcG hhhuh ((laughs)) [ehm has been found a °place
Sally: [nhuh ((laughs))
(0.2)
Oh right his brother's house) huh huh .hh ehm((laughs))

[laughs]

Eh huh huh huh ((laughs))

hhhh Ah ha hah .hhh ((laughs)) he has been found a place in Great

Wisbornough=

=Ah right that's good news

It (0.2) well it is but (.) he says he wants to stay with our

Is he gonna accept

Ye:s he's going on Friday .hhh but he says he wants to stay with our

tame

Ahh

((probly just ------------------------ and to so

[I think we just transfer him don't we

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Sally: [If he ------------------huh]

Elsie: [↑Transfer to

Milton: forth so (. ) we’ll we’ll ↑need to

Elsie: [another CPN ↓though ↑don’t ↓you yeah=

Milton: =If ↑that’s an issue we’ll just need to addr[ess (↑it) (0.6) ↑then maybe in the next

Ron: [Mmmmmmm

Milton: few ↓months we’ll be able to a[ddress that once he’s settled

Elsie: [Mmm

Milton: in↑[to the ↓place (. ) °you know °

Ron: [Mmmm

(0.4)

Ron: ↑We’lll I was un[a\w]are that he was ↑so ↓ehm (0.4) kindly disposed to\wards [us

Elsie: [Uh huh huh

huh ((laughs))
2426 (0.2)

2427 Clark: [[He should be transferred shouldn’t he

2428 Ron: [[(When I used to say ‘ve you beat your ↓mum) he used to tell me to ↑eff ↓off

2429 (0.4)

2430 Milton: Ye::s

2431 (.)

2432 Ron: uh uh ((laughs))

2433 (.)

2434 Milton: Nnn huh [huh huh huh huh((laughs))

2435 Elsie: [Well he obviously feels safe t[o (-----[-----)

2436 Ron: [hmmmmmmm ((laughs))

2437 Sally: [hm mm mm mm mm [mmm mmm ((laughs))

2438 Milton: [huh huh ((laughs))

2439 (0.2)

2440 Elsie: .hhhhuh= ((laughs))
Sally: =Hmm (1.6) okay

John: [I'm sure I'm \text{\textasciitilde}sure you're allowed to say the f-word in (.) full if you want to

Ron: [Nn [huh huh huh huh= ((laughs))

Sally: [Tuh huh ((laughs))

John: =without breaching confidentiality . hhhhhhhhhhhh hhhh ((laughs))

Milton: [But if you were (.) if you were driving to GW

Sally: [Huh ((laughs)) . hh hh . hh=

Sally: =[[huh huh ((laughs))

Milton: =[[err would that help your

(0.6)

Ron: (Money)

Milton: [\text{\textasciitilde}M

(.

Sally: Heh hah h[ah hah hah hah
2456 Milton:    [more (↓FF) in your L↓C hhhhh [.hhhh .hhhh .hhhh ((laughs))]

2457 Ron:       [Well I I get I get plent↓y of that sort of

2458 thing these day[s act↑ually ↑anyway .hh[h ehm

2459 Milton:    [Alright

2460 Clark :     [We ↑should be looking to ↓transfer his care

2461 over ↑th[e::re

2462 Ron:        [Yea::h=

2463 Milton:     =Yes we ↓sh[ould

2464 Clark:      [Yea::h=

2465 Ron:        =And in fact what the ↓Trust gives me for ↑petrol doesn’t ↓cover what I ↑u::se so ↑you

2466 ↓know (0.6) think I’d be a bit reluctant to be driv→ing all the way to GW ↑nd

2467 ↓back [and ↑when you mention the fact it’d take half a ↑day

2468 Elsie:      [Eurh huh huh ((laughs))

2469 (Sally):    [hhhh huh huh
Milton: Just to be [(thrown) to Fff (on the [way] hhh hu/h hu/h hu/h hey ((laughs)) I think th
Ron: }|And) yeah
Elsie: ]Yea:h yeh ha ha ha ((laughs))
Sally: Huh=
Milton: =hhhh hhh hhh hhh= ((laughs))
Sally: =thright
(1.2)
Sally: The waiting list
(0.8)
Elsie: Oooer= ((yawning sound))
Sally: =Cause I’ve got fou:r (0.2) to take of[f because of course they’ve been alllocated to
Paul
Elsie: [Mmmm
Stella: 

(0.6) 

Stella: Okay 

Sally: [So I I mean I've disch= 

John: =Hgmmm ((clears throat)) 

(0.2) 

Stella: Shall we [do the bad bit ↑first ↓then put somebody ↑on 

Sally: [em do that yes 

(0.2) 

Stella: (unless)= 

Sally: (=O:↑:h 

(0.4) 

Stella: We- it’s (0.2) Ruby ↑Sti↓:les whose= 

Sally: =Need[s to go on [then= 

Milton: [RS yeh
Stella: [Oh
Milton: =Mmm=
Elsie: =She’s on=
Stella: =[[She isn’t
Clark: =[[[She’s dead old) (0.4) yeah yeah she’s
(0.4)
Clark: [[Near the top of three
Stella: [[Do we need to
(0.4)
Stella: Do we need to ↑say anything about it ↓though (0.6) because (0.4) I ↑think
Milton: [Eh::m
(0.4)
Stella: You left it ↓there Elsie thinking we’re gonna forget
(0.4)
Elsie: Well we ↑do: don’t ↓we[: we sort of get to ↑this point and we say ↑ooh yes we were

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Stella: [about her

Milton: [That that ↓is ↑the ↓worry

Elsie: supposed to allocate this (↑month)

Clark: [Is it ↑going to be a CP↓N

(1.4)

Stella: It ↓is

(0.4)

Clark: I mean [I sup↑pose on the ear↓lier discussion ↑I’m sort of thinking that the

Elsie: [And then

Clark: CPN’s need to have a discussion (1.0) about ↓it

(1.0)

Milton: Yea↓↓:h (0.2) I mean it ↑does sort of need to be somebody who’s sort of (. ) light on

their ↑feet if you know what I ↓mean (1.2) hhh hhh hhh ((laughs)))

(0.6)
2529 (John): Hmm

2530 (0.4)

2531 Clark: Uh uh (.) that narrows it down a bit doesn’ it

2532 (.)

2533 Milton: hh hh= ((laughs))

2534 Clark: =°does it° (0.4) it (0.2) yea::h I mean I

2535 (0.4)

2536 Stella: We’ll have a race later on

2537 Clark: [so she come off

2538 (0.4)

2539 Clark: I mean she can come off the list at the other end

2540 Stella: [She’s off th-

2541 (0.4)

2542 Elsie: Yeh

2543 Stella: [Page nine then]
Clark: [Yeah
Sally: [So she can come off on pa[ge ni[ne say
Elsie: [Mm
Clark: [But with I ↑think the CP↓N's have to have a
discussion generally about err
(0.4)
Milton: Mmm=
Clark: =allocation of ↑wo:rk (. ) [how we g[onna
Stella: [Yeh
Ron: [Nn nn I ↑see that BD↑L's name doesn't appear on
there °(↑ei[th[er)°
Milton: [(Yeah where)
Stella: [↑Ron will you ↑stop bringing her ↑u:p=
Ron: =↑Why::: why she's got a [↑morbid facina↓tion (huh huh)=
Stella: [She wi- I ↑re-
Stella: she'll be there before you can blink and then you'll be sorry.

Milton: No she will be there we think.

Ron: Mm mm

Milton: Mmmmm

Stella: Scarily there

(Sally): °Mm hmm° (laughs)

Stella: Eh: m but the one to go on is P

Milton: Oh yes

Elsie: Mmm
Elsie: Mmm

Stella: So Milton

Milton: PS should go on definitely

Stella: [You fool]

Sally: That's on page isn't it

Stella: No

Milton: Yes

Clark: And he's already=

Sally: I though EQ needs to be in on the waiting list yeah=

Clark: [(that) needs moving yeah

Clark: That's for CP N
Stella: [ (°-°) =
Sally: =Yeh=
Clark: =°Yeh°=
Elsie: =Yea::h=
(Val): =°Uh huh°=
(0.6)
Sally: [[[Eh::m
Stella: [[[So ↑that's one (. ) that's the bad ↓news
(0.4)
Clark: [[°(Is it)°
Sally: [[An I suppose i- I mean and in ↑theory we we we ought to be discussing (0.4) the
person at the top of the ↑waiting list (0.2) each me[eting
Stella: [Aren't ↑we gonna wait ↓for it's
L↓R: [and we're gonna wait for Kathryn (0.2) to come ↓back be{cause she got a a
2602 Sally: [Yeh
2603 Elsie:
2604 Stella: bar\text{gain} to=
2605 Sally: =Yeh=
2606 Stella: =sort out \text{with} (0.8) Milton
2607 Sally: [Yeh (0.4)
2608
2609 Sally: Fair enough=
2610 Milton: =Sorry (1.2)
2612 Stella: [R
2613 Sally: 'Kathryn
2614 (0.4)
2615 Stella: A[t the \text{top}
2616 Milton: [Yeah (I've got that)
Stella: (of) Kathryn Ryder's got a bar\_gain to sort out with you when she comes back.

Milton: What does \_that mean sort of filling out of H\_C: or something like \_that.

Stella: [No:::

(John): [[No that's right.

Milton: [[No .hh .hh hu huh huh huh huh hhhhh huh huh huh huh= ((laughs))

Stella: [Not \_that dramatic uh huh huh huh huh ah huh ((laughs))

Sally: [Uh huh huh huh huh huh ((laughs))

John: That's a \_no is it hh [hh hhhhh ah ((laughs))

Elsie: °[Mm°

Milton: Can I have some fore\_warning of this \_ba:rga[in
Stella: it's okay (0.2) it's nothing to worry about

Sally: Hsh huh huh ((laughs))

Ron: Why you being so cagey (about it)

(Milton): Mmm mm ((laughs))

Stella: Well you see it's for Kathryn to say really

Clark: int it's

Elsie: Mmm=

Milton: =0 kay

(0.4)
Sally: .hh w- right well half way down page two (0.2) ehhm (0.4) you've got (1.2) ehm RMR

Stella: [Oh hang: on (0.6)

Stella: RM↓R (1.4) ET=

Sally: =But this for three (.) three in a row

John: Oh [yeah yeah [yeah yeah yeah I've got you=

Stella: [J↓C

Sally: [Yeh

Sally: =Ehm which are all (.) can all come off the list because they've been allocated to Paul an then over the page (0.4) ((sound of rustling paper)) .hh the second

Stella: [Brilliant
Sally: one down (.4) also allocated to Paul (.). hh I don't know whether all these people have come or you know but nevertheless

John: =Mmmmm=

Sally: they've come off the list if he's picked them up

Stella: [Okay

John: [Mm

(2.0)

Sally: [(An that's)

John: [(An I'm curious to see whether ET will come or not actually=

Sally: I think he was offered an appointment last Thursday but I don't know whether she came=

John: [Yeh okay

John: =Yeh okay (1.2) ((sound of rustling paper)) can mention (0.2) ehm (.). one two three four five down N.C. (2.2) ehm (.). she's on the list I'm
Sally: [Oh yes

John: just: conscious that I saw her actually Milton I want you to pay attention to this

if you don't mind (0.4) ha ha= (laughs))

Milton: =Just a second

(0.2)

Sally: Tuh huh huh huh huh huh ((laughs))

John: [[(Right)

Elsie: [Mmmmm

(0.2)

John: Eh::r

(0.2)

Milton: Right [eh:::m

Sally: [uh huh ((laughs))

(2.2)
Clark: South Derbyshire Hotel

(Elsie): *Yeh*

John: =Ugh hugh hugh mmm ((coughs))

(1.0)

Sally: O:h that (-----)

Milton: [Is *this* the *arreg[ates com*pany)

John: [No no no no no

Milton: [No

John: [No this is something el[se

Milton: [A::h just a *second* *will you=

John: =Yeh it's okay

(4.6) ((Rustling papers))

Sally: One two *anyway* *we've* *just* about got the list on (. ) back on to one pa:ge (0.2)
[or maybe not

Elsie: [Yeah

(0.2)

Elsie: I think

Sally: [(Take four off and put it back on the[re)

Elsie: [Mmmmm

(2.0)

Elsie: I think I’m gonna have to put some back on but I’ll (0.4) I’ll do it y- uh (.)

somebody who was (. on for the anx- ((banging noise)) (0.2) sorry (. [no (. no

John: [Yeh no go on=

Elsie: =no=

John: =go on=

Elsie: =who was on for the anxiety management group (0.6) [and didn’t respond to all my

(Milton): [(NRM Gardner)
Elsie: ^letters an I ^closed ^it an the GP's just written bur'ee was saying ^oh he was under
the impression you'd (0.6) ehm (.) put him on the waiting list for ^January but he'd
^never responded to any of my ^letters .hhh (0.4) so I ^think I'll have to do the
^courtesy of ^putting him back ^on (1.4) ehm and then (0.6) nn you ^know he'll have to
respond to th wr- write him a ^letter telling him have to respond in ^January when
he's ^offered a ^place

(0.8)

Elsie: ^[^So ^I will

Sally: ^[^So where is he uhuw- ^do you want to do it next week ^or

Elsie: [it'll be

(0.2)

Elsie: Er:: well I'll ^put it on inbetween ^time I'll find the dates the exact ^dates 'n
^things .hhhh=

Sally: ^[^Okay ^o:okay

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2729 Sally: =Mm hmm [mmmm°

2730 Elsie: [Yeah

2731 (0.4)

2732 Sally: And just before we go can I say that I (.) I’ve rung Dr about the ehm

2733 (0.6) A that sixteen year old (.) the referral hhhhh and they will ring

2734 Elsie: [Oh marvellous

2735 Sally: back (0.6) so I’ll rush out cause it’s (.) if we can deal with it today it’s=

2736 John: =Mmm=

2737 Sally: =preferable

2738 (0.2)

2739 John: Okay

2740 (1.2)

2741 Sally: But right (.) back to you John=

2742 John: =Ehr N: (.) N:C five down Yeah
Milton: Page

Elsie: Mmm

John: [Page [↓two=

Sally: [Two=

Elsie: =Mmm

Milton: O::h ↑yes

John: Yeh (0.4) eh::m (0.6) th- th-° ↑this lady came into my↓::: (0.4) outpatients [last

week (0.4) eh::m=

Milton: [Right

Milton: =I thought she was going to see Suz↑ann↓a but

(.)

(.)

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2758 John: [[Well
2759 Milton: [[well no cause there was a ↑ti::me thi[ng (. ) (she could only make Wednesday)
2760 John: ↑↑Suzanna couldn’t get (. ) there’s was a ↑whole load of reasons why she couldn’t ↓come (. ) but sh[e ↑did come last week
2761 real↓↓y=
2762 Milton: °[Yeah°
2763 Milton: =Mmmmm
2764 Milton: =Mmmmm
2765 (0.2)
2766 John: and eh::m (0.4) I sup↑pose the r::eason I’m f::lagging her up ↓really is just to
2767 (0.4)
2768 Milton: Mmmmm=
2769 John: =just really to have (0.2) some conversation about her be↑cau::se (. ) she was ehm=
2770 Milton: =Ye:s
2771 (0.4)
John: hh she was quite concerning to me really

Milton: Right ah hah=

John: =eh::m she:'s a: youngish woman for other people who don't know her

Milton: [Mmm

John: who's got quite a: a lot of emotional problems and fair amount of emotional abuse early on err whose quite socially isolated really although she's got a number of ehm=

Milton: Mmm=

John: different inputs from a health visitorrr'

Milton: Can I just say it's quite good that somebody fresh is looking after her because her father was a patient that I: and Clark were very heavily involved with

John: [Ah right
Milton: over a number of \textit{4 years} who committed suicide=

John: =Yes about five years \textit{ago}.

Milton: Ye::s=

John: =T err (.). hh\_h anyway she came to her \textit{outpatients} (.). an::d err it was \textit{quite} difficult cause she was very very distressed and she found it very hard to stay in the room she\'s (0.4) she\'s very very shy and anxious of [meeting other people (0.4) she strikes you as ehm (.). very disturbed she told me she was sort of full of anger an (0.4) sort of sensed that the way she is feeling is very undeserved what\'s slightly worrying about her (0.4) is that she has care of a two year old son (0.4) now the:: (.) ehm (0.4) health visitor was:: (.) able to tell me that she:: (.) is (.). fairly appropriate with the son although the son is on the at care register at risk (0.6) register= 198
Milton: At risk regist-
John: Yeh-
Milton: O:

(0.4)

John: Err (0.2) but you know that means that there's quite an amount of involve-
really [with] day care and she's having some respite etcetera etcetera.

Milton: [Mmm

Elsie: [Mmm

John: eh::m (1.8) I mean I just felt at the end of the day she's very cha-
very chaotic err (.). she's

(0.4)

Milton: Mmm she's very unassertive an. hhh (.). one of the things well she ha-

John: [who
John: had a speech impediment since she was about seven or eight and that caused her to be very heavily taught at school = Yeah

Milton: and she lost all confidence and then when she was about fourteen she discovered kind of drink and drugs and so forth that helped give her confidence and also get gave her some sort of status by kind of being the one who'd

John: Mm mmm=

Milton: = taken to it . hhhh and she also went through a phase you know quite heavy promise which ended up resulting in the pregnancy and

John: [Yes
Milton: what not .hh (0.2) and since that the:n she's sort of gone back into her she:ll really down (.) and she's (--------) .hh (.) when I initially saw her I was asked to see her on a D:V and it was almost impossible to find the FLA:
John: Yeh
Milton: because it was .hhh up some stairs at the back of some shops and it
Elsie: [Mmm
Milton: had a number that you know (0.2) [you couldn't see from the road and all
John: [Yeh
Milton: the rest (0.2) .hh and the local (0.2) children (0.4) of about ten or twelve
they were using it as a kind of ehm (.).hh place to hang it and though she
didn't
Ron: [hhh hugh hugh ((coughs))
Milton: leave the door open for them to do that they'd sort of throw stones at the window you know so she was very exploited and I think that's probably why.

John: [Mmm]

Milton: she was moved to South Derbyshire although she's since moved I believe to a more permanent address=

John: Yes she has eh:

Milton: [Ah: so she was in a really helpless state and I think that she might go]

((telephone rings))

Milton: (that she might go)
Sally: (°Ka[thyn -------°)

Milton: [the ↑fa::ther (. ) oh it’s ↑not very nice (0.4)((telephone rings)) the ↑fa::ther (0.4) wha- of the ↑to:lder ↓child I think (. ) ↑you know

Sally: [Hello ((answering telephone))

Milton: was ehm (0.2) quite sort of ab↑u:::si[ve to ↓her

Sally: [Right I’ll ↑come into I’ll come into the ↓office ↓thank ↓you ((answering telephone))

Milton: [critic- (0.2)

over↑critical (1.0) so there are a ↑lot (. ) °of° (. ) ye- they’re a ↑hu:::ge number of ↓issues an (0.2) I mean I ↑think social services needs to rem↑ai:n the pri:me ag↑en↓cy (. ) to [be honest [you ↑know

John: [Yeh .hhhh [I mean they ↑they are quite ↓heavily i:n↑v[olv↓ed
Milton: [but erhhm (0.2) I think she does have severe anxiety doesn't she (0.4) more than: (.) you know well when I saw her she had very severe anxiety=

John: [Hugggh ((clears throat))

John: =Mmmmm

(0.4)

Milton: which was mainly related to going out the house but ih- it was also you know

John: [An-

Milton: social anxiety and agoraphobia as well

(0.2)

John: Yes=

Milton: =(E[h:m)

Elsie: [Mmmmm=

John: =I mean she had th- what (0.2) was tricky when I saw her last week was that she had she had something she wanted to tell me
Milton: Right=

John: but ↑couldn’t tell ↓me=

Milton: ah: °yeh yeh°=

John: an: d (.) ↑I was sort of stuck between this place ↓of (0.6) s- (.) trying to ↑want t-
d- er (.) give her permission to say something if that’s what she ↑wanted .hhh=

Milton: Mmm=

John: but ↑also trying to: : give her permission (0.6) to: : (0.4) ↑not say something and go
away feeling (.) hugely (0.2) eh: :m (.) dist↑ressed really↓y=

Milton: =Mmm=

John: at ↑one ↓level and to take some cont↑ro: :l over=

Milton: =Mmm↓mm=

John: =over (0.4) what she te- says and ↑doesn’t say you know to give her .hhh ehm control
over that ↑boundary really↓y=
Milton: =Mmm=

John: =.hh ehm but she became increas
gly (. ) anxious throughout the interview and in

fact when I (0.6) when I saw her (0.4) when I sort of su-
suggested a follow up appointment she was saying .hhh oh well that's no use I'll be dead by then
etcetera etcetera (. ) and ehm .hh

Milton: Mmm=

John: =and then I'd felt very very 
gery I felt like you know one level she'd made

all this effort to come and engage but then felt somehow disappointed

Milton: [(Sure)

John: with the contact

Milton: [Was she bought up by: the: I: no

John: [She was brought by C Chlo

Milton: Ye:s
John: Y[eh

Milton: ![But .hh cause there’s ![been this huge ![iss![ue about her coming ![up so you’d ![°Yeah°

Milton: ![imagine she’s make some sort of sta:!nd about it wouldn’t ![you

(0.2)

John: °Ye[ah°

Milton: [because there’s ![been this issue about her being seen at ![ho:me] (0.8) an::d so she was ![put on the waiting list only (. ) you ![know] (0.2) only some- somebody (0.4) she’d be allocated to somebody who’d be able to wo[rk with her ![here=

John: [.hh hughh ((coughs))

John: =Ye::s

(0.2)

Milton: and ![then she wasn’t coming to out![pa[tients and so
John: [Yeah I don’t think she’ll come again (.)]

John: is partly what I’m (.)) trying to say really . hhh ehm

Milton: [Ahh mmm It’s possible isn’t it=]

John: =Yeah I I’d be surprised actually if she comes again (0.2) er but w- (. ) watch

Milton: [watch this space]

Milton: [Ehm]

Milton: Yeah

John: Err

Milton: [Did you think it’s pu- why why do you think she won’t come again]

(0.2)
John: .hhh err (0.2) because I think (.) I think (0.6) ah I'd be interested to see how how she deals with having come and been distressed (0.6) eh::m (0.4) she kept saying to the (0.4) a- (.) th- ha- it seemed liked the health visitor had supported her a lot to co::me

(0.4)

Milton: Mmm=

John: ehr and she'd gone along with that but I (0.2) I sort of felt from her in- (.) interaction with the health visitor that it was a lot of persuasion and prompting etcetera etcetera (0.4) and it had got her here once (.) but I wasn't

Milton: [Mmmmmmm

John: entirely sure that it was going to get her here again .hhh and I think the other thing that strikes me about her is ehm (0.6) that there's err an issue really of what to do with her because she doesn't strike me as someone with (0.4) a particularly tri::king mental illness

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Milton: [N:no indeed=

John: =and=

Milton: =mmm=

John: =and (.) w- who medication's ↑not going to make a whole pile of ↑difference

Milton: [N:no:::

John: (0.2)

Milton: (0.2)

John: ↓to:: (0.2) and ↑really (.) th- th- ↑my view of her is that she's ↑someone who's going
to need some long term support all ↑over the ↓place=

Milton: ↑Oh yes

John: eh::mm (1.0) err and (0.2) you know in a ↑sense eh[:m

Milton: [That's ↓true I mean the ↑only thing

that might be (0.2) useful about coming back here is that at the ↑moment it's this
John: huge thing coming here isn't it it's this big thing (0.2) hhh and if they could be p- become a more sort of routine thing and not this big thing=

John: =Mm

Milton: [you know that that would helpful=

John: =Ye:s=

Milton: =because at the moment the world comes to their hhh and the world's so overwhelming

I think that she can't go to [i:t=

(---): [Mmm

John: =Ye:s

(0.6)

Milton: and if she does (0.4) ahm (0.4) even if she can come here at least tha- that would be quite a sort of=

Clark: =Mmm=

John: =Ye:s

(0.2)
Milton: *(bonus* but (0.2) of course (0.4) *(banging sound)*) *(we: have a history* in relation to

her *(father* who *(killed* himself) *(so that* would be *(banging sounds)*)

John: [No I know yeh *(yeh*]

Clark: *(Yeh it ws like that)=

Milton: =that *(is* a big *(thing)=

John: *[She didn’t talk about that at *(all)*]

Clark: *(No:)

Milton: =But *(he* was very anxious err for a *(long* time) *(was in *(tears)*) *(but you see *(he: *

Clark: *(Yeh*

Milton: he was *(dia- o- one *(one thing *(just* to *(say* about .hh the dad *is that* he was
diagnosed as suffering from anx*(ety* hhh *(severe* anxiety hhh (0.2) for a long
time until he developed ahr *(schizophrenia=*

John: =Alright

(0.2)
Milton: so ↑that’s one of the things at the back of my ↑mind that make me think we ought to

Elsie: [Mmmmmmm

Milton: keep some sort of eye on him you ↑know (.)

John: =Ye::s (.) I mean she ↑threatens to sort of ↑ha:rm her↓self

Milton: °Mmm°=

John: =as well an eh (.) the ↑contact was very ↓difficult because (0.2) you know al↑though I’d allocated an ↑ho::ur for ↓her (0.6) she ↑hardly said ↑any↓thing in the contact and most ↑mo::st of the hour was actually prompting her to ↑sta::y

Milton: [Yeah

John: =you know jus[t to tolerate the ↑space so (.) you ↓know (.) in ↑terms of getting
Milton: [Ye:h

John: actual \textit{history} was very \textit{difficult}

Milton: [If you \textit{go} to her \textit{room} err (.) she’s \textit{got} a

John: collection of (0.2) \textit{soft toys} and \textit{dolls} that sort of just (.) you \textit{know ss}=

Milton: =it not (.) \textit{it’s more} a popula\textit{tion} than a collecti[on

John: \textit{Well that} doesn’t surprise \textit{me}

Milton: \textit{Mm [m°}

John: \textit{EHM (.) suppose} \textit{one} of \textit{the things} I was puzzled about \textit{ws why is she on} the

John: \textit{waiting list} (0.6) \textit{waiting list waiting}
Ehm well the I had a feeling she'd be somebody who'd be able to do some kind of work at home and monitor things you know cause (. ) cause I was rather doubtful that she'd be able to come here

John: "Yes"

(. )

Milton: so she's actually on the waiting list for it's a sort of kina Davina Smith

kind of situation

Stella: "[Right]

=you know=

Milton: =mm mm=

Stella: =mm mm=

Milton: =I mean it's a bit like the idea of Davina Smith (more or less) you know it's building up it's going in that direction if you know what I mean="

↓mean=
Stella: [Mmm]

Stella: =Mmm

(0.4)

Milton: Sorry Sally. [h hh huh hhh uhh hh ([laughs))

Sally: [Mmm mm

(0.6)

John: She's ↓drinking a bit at the moment as ↑well which

Milton: [Yeah I mean just ehm it's just (basically)

Clark: to drink to (cont[↑rol it)

John: [which isn't help↓ing

(0.6)

Milton: Mmm=

Clark: =Yeah (0.2) ↑that's what the mum and dad would ↓say

Milton: [But you see the ↑dad had this (. gr↑eat anxiety
Stella: [Mmm

Milton: for many years didn't he and then: he developed a psychosis nn (they both) got a bit better (1.0) err but he (0.2) became

Clark: [Mmm

Milton: psychotic (really)=

John: =.hhh ee ah=

Milton: =fro- (.) you know from his point of view=

John: =Mmm (2.6) .hhh I mean I whu- I was thinking diagnostic she comes across actually as quite an emotionally unstable

Milton: [Oh yeah=

John: =person alit vy

Milton: [Indeed yeah= 
John =ehhhm (0.6) you know one of the things she says which is (0.2) you know which my
heart sank really when she said ehm (.) that she doesn't know who she is (0.4)

John: she doesn't know who she is she doesn't see a future for herself she sees herself
stuck with the child (0.4)

Milton: Mmmmm

John: that she at some level loves but doesn't really want

because she knows that it cramps her (1.2) her (.) her style and she feels that it's
happened too early in her life (0.4) and ehm (0.4) it's hard to know really

how it's gonna pan
Milton: =Mmm (0.4) cause I ↑think the mother saw ↓somebody here as ↑well didn’t she ↓at one stage (0.6) ↑El↑eri

(1.2)

John: "Not sure" (0.6)

Clark: Hur[:ː ((clears throat))]

Sally: [Mmm

(0.2)

Milton: I’m sure she ↓di[d actually

Clark: [I remember (0.2) they both ↓used to=

Milton: =I think she saw J[ane actually

Clark: [although they weren’t getting on ↓very well they both used to drink

(0.6) to ↑manage the symptoms ↓really=
John: =Yes (0.6) see ↑I think the out-patient (.) contact with her is going to be very

↑limited (0.4) ↑I [actually ↓think that ↑I think that she:: (0.2) you know

Milton: [Mmm oh it will=

John: she could (.) certainly ↑do:: with ↓someone=

Clark: =Yeh=

John: =more (0.2) more (0.8) o- on the ↑group::nd ↓really=

Milton: =Yeh=

John: =↑even to do you know sort (0.6) of encouraging prompting ↑small little behavioural

work bits of behavioural work n=

Milton: =It's a ve- ve- very ↓long slow jo↑[↓b really (you know)

John: [It is I mean I (0.2) you know she:: she's going

to need more (0.4) than just=

Clark: =Mmm=

John: =being seen at ↑outpatients=

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Clark: But there's a social worker and a health visitor so it's sort of one.

John: Yeah.

Clark: He'd be on [less post really]

John: And I think there's I think there's ehmm ho- I think home start are involved as well.

Sally: Yeah.

Clark: Yeah.

Sally: Yeah.

John: I mean I haven't had an opportunity to read all the notes of the case conference.

Clark: Yeah.

Sally: Mmmm.

John: So I ca- you know I'm not up to speed with everything.

Clark: Are there some case conference notes (there)
John: Just to really alert everyone but I've had this involvement.

Ron: 

John: with her and she does present as a sort of slow grumbling yet worrying.

Milton: Mmm

John: [person with a young really=]

(Stella): Mm

Milton: Mmmm

John: [Yea::h

Sally: So she's on the waiting list=

Milton: =Ye[a:h

John: [an:d an:[d

Sally [an:d an:[d

John: [so she should be o[f some conce[rn to us really on the w[aiting list=
Sally: [Right (-------------) yeh yeh
Clark: [Yeh
Clark: =If the ↑CP↓N's ↑do need to ↓discuss some of these peo[ple she'd be one of [th-
Sally: [It'll be yes
Stella: [Yea::h=
Clark: =↑o[ne of ↓them so=
Elsie: [Mmmmmmm
Elsie: =Mm [mmmm
John: [Yea:h
(Milton): [Mmmmn
(0.2)
Sally: Ok↓ay
(0.2)
Stella: So that th[at ↓comment can come ↑off can't it a↓bout a case conference in
Elsie: [(Is)
3142 Stella: (una[bl[e-------- waiting)=
3143 Elsie: [Yea:::h
3144 Clark: [Yeh
3145 Clark: =Yeh=
3146 Elsie: =It's all old ↑stuff isn't ↓it
3147 Stella: [(Mmm)
3148 Sally: [(We ought to leave [that [off)
3149 Stella: [Yea:h
3150 Milton: [↑I think Benjamin ↑Jones can come ↓off
3151 cause we’ve ↑not seen him for about six months ((sound of turning paper)) no↓:w he’s
3152 ↑not he’s not come to ↓several appointments (1.0) he ↑lives outside the ↑area↓:
3153 (0.4)
3154 Ron: And he’s not se[en his G↑P either
3155 Milton: [I:’ve
3156 John: [Hmmm hm hm hm= ((coughs))
Milton: I've [err

Elsie: [And ihht's down our GP Phmhmhm = ((laughs))

Milton: and I've written to the e:::r well er I mean that's not his GP actually

[it's ehm .] Alpine House now but .hh I've written to the GP saying he's not

Sally: [°Right°

Milton: come and we have to respect actually to be honest w- w-

Ron: [.hhhhhhhhhhhh hhhuh = hhhuhh ((coughs))

Milton: I was slightly unsure how to handle it ((shuffling sound)) cause the GP you know he said he was fine and I write back to say well he's not been coming to

Elsie: [That's right

Milton: appointments and we have to respect that and you can re-refer him the:::n discuss with

Elsie: [Mmm
Milton: him (and he'll be re-referred) hhhh and you KNOW that he is he HAS had he does
have I think Schizophrenia and he has had a couple of (0.4) (quite) admissions
with some aggressive kind of
Ron: [If if he's who I think he is (0.4) ahm (0.4) I seem to]
Milton: [(-----)
recall him dropping into the depot clinic one day with somebody else who was
attending
(0.4)
Milton: Ye::s
Ron: [and having a chat with Kath and saying that he was thinking of (0.4) going]
Milton: [Mmm]
Ron: to Italy to do (0.4) building [.][on his parents shop]
Milton: [(--------)
(Sally): [Hmm hmm hmm ((laughs))}
Clark: ['is parents (.) I think his parents have

Ron: [(---his parents

Clark: got [a business in Italy or something=

Ron: [an so

Milton: =[[They we- his parents had a home removal business in ehm (.) Gotham

Ron: =[[Right yeah

Elsie: [Ah I see

Clark: [Yeah

(0.2)

Ron: Right

(0.4)

Milton: Yet he was very (good) taking his medication you know (.) he’d learned

his lesson and he certainly didn’t want to: (0.2) stop his medication again cause

he was quite frightened of his aggression (0.2) hhh (.) but ahm (0.6) th- the (.)

they tended to he tended to become ill in the context of relationships breaking up
and (0.4) \(\uparrow\)you \(\downarrow\)know he's in a relationship \(\uparrow\)you know so he just err (very rarely)
talked about that although (he \(\uparrow\)come to us the last one \(\downarrow\)right enough) (. ) uh°

(0.4)

Clark: So would you close it \(\uparrow\)saying it's actually South East \(\uparrow\)Leicestershire \(\downarrow\)now (probably)

Milton: [I \(\uparrow\)think

they could say \(\downarrow\)that except that ees (0.4) it's \(\uparrow\)just a slight \(\downarrow\)worry that that

there's no: bid\(\downarrow\) (1.2) \(\uparrow\)you \(\downarrow\)know he's not attached \(\uparrow\)to anybody=

Elsie: =Mmmm=

Clark: =Yeh

Milton: [well that's the \(\downarrow\)slight \(\uparrow\)worry=

Clark: =Yeh

(.)

Milton: .hhh I might I \(\uparrow\)think what I'll do is I'll just write to south east just to make them

aware of his existence (. ) you know
Sally: But you want to take him off this list (do you)

Milton: [Yeh

Stella: [Can we just write on that then

Saying why you've taken him off=

Sally: (thank you)

Milton: =ah hughh ((clears throat)) (0.2) ehm

(1.2)

Stella: Where it says Toledo=

Elsie: =Mm[mm

Stella: ((sound of rustling paper))

Elsie: Cause we (.) we need to get the stats together (0.2) I WAS LOOKING at the:

(0.2) lady second down on the list (0.6) and reading the stuff in the file and ehm
wondering about taking (0.6) her ↓on ((banging noise)) (0.6) ehm I don't know whether anybody there'd been any out↑patients con[tact] any .hhhhhhhhhhhh

Milton:

[Who's ↑this

(0.6)

Elsie: Edwina de Coeurcey (0.6) Edwina de Coeurcey I'll have to say it then if

Milton: [Yeh Edwina de Coeurcey (0.6) Edwina de Coeurcey I'll have to say it then if

E:::::D::::Ce:::: ↑ye:::e:: ehm

Elsie: [Yeah

( .)

Milton: [[I ↑think she needs (0.4) a ↑bit of assessment I mean °th- th- th-° (0.2) sh- she's

Elsie: [[Does she

Milton: the ↑sort of patient who ehm (0.4) comes to her out-↑patient[s u:::su:: ally (0.2) o-

Elsie: [She's still ↑coming yeh

Milton: on her ow↓in ( .) and she ↑does come and she attends ver↑ly ↑regularly ((banging

noise)) °for appointments° (0.4) ehm and she ↑actually has quite a fu::ll li↑fe=

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Elsie: =Mmm [mmm

Milton: [eh::m .hhhhh I (0.4) I ^just get this feeling that she's rather missed ^ou:t on
something over many ye:a:rs because she's ^not had contact w ith the ^serv:ices .hhh

Elsie: [Mmm

Milton: a:nd she ^lived with her parents and they've both ^die:ed and she's ^on her own ^now
but she's ^QUITE active in John Storer house and ^so ^forth .hhh (. ) and 0.4) the

Elsie: [Mmmmm

Milton: the ^only thing against ^you becoming ^involved is (0.4) and I ^don't think it's a big
thing a^gainst ^it but ^she's (0.4) said she wants a CPN t- (. ) discuss her
ber^eave^ment=

Elsie: =hhh Well I ^READ that ^st:uff but ^the:n (. ) I got the impression that's because
she's only ^kno:wn a CPN's=

Milton: [Eh::m

Elsie: ^why it ^nee:ds to ^be
Milton: =Exactly

Elsie: [↑be↓fore=

Sally: [Yes

Milton: =↑you ↓know (. ) and eh I thi- I ↑think in a way .hhh (0.2) I ↑think in a way it’s to
do: (0.4) partly with what she’s lost because of her ↑ill↓ness

Elsie: [Mmm [mm

Milton: she ↑used to be ehhhm

(. ) a post-graduate student (0.6) I ↑think she was a ↓scientist or an econom↓ist I
can’t ↓remember ↑which .hhh (. ) but she ehm (0.4) she ↑wa::s to::ld ↓you see (. ) she
be↑came ↓ill and she was told that she must stop studying and that she’d never work
↑again you ↓see=

Sally: =0:::h=

Milton: =.hhh an::d hhh hhh .hhh ((laughing)) err (. ) ↑this was be↓fore you know err twenty

↑yes::rs ago so°=

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Sally: =Mmmm=

Milton: =a::nd ehm (0.4) she sort of faithfully ↓did ↑that (. ) and I ↑think she sort of "feels her life sort of came to a° ↑stop and I ↑think this is all pa:rt of (. ) ↑you know=

Elsie: =Mmmm=

Milton: .hhhhhh [but at the same time she doesn’t ↑rea:llly have the confidence to start off

Elsie: [Mmm

Milton: (0.2) anything (0.6) errrr anything more than so↑cial activiti↓ties (. ) .hhh and so ↑your thing would be very ↑appopriate cause it ↑might find her a way b[a:ck into

Elsie: [(Could be)

(Milton): ↑coll[ege or something ↑you ↓know ehm

Elsie: [yeah yeah .hh

(0.6)

Elsie: ↑Okey ↓doke I’l’ll ↑pick it up ↓then

John: [.hhhhhhhh hurghh ((clears throat))
Okay I’ve just spoken to Doctor Twigg about the 16 year old girl who incidentally hhh was referred by accident because the receptionist asked to refer to counselling in Melton.

Ahhh God by accident. 

[Hum and and in addition in addition is still full time education at school so for both reasons shouldn’t come to us.

[(--------------------------we-----)

Shouldn’t even ‘ve got here.

aw:::

(0.4)

Sally: Mmm
Stella: "Tha's good"

(4.1) (sound of rustling paper)

Milton: (No::w)

(2.1)

Stella: So that's six off the waiting list then

Sally: [Yes that's good

(0.6)

Stella: "Mmmmm mmm" (0.6) and just one on

Sally: [S::o:

END OF SIDE TWO OF TAPE

BEGINNING OF SIDE THREE OF TAPE

Sally: Is there anyone (0.4) who people urgently need to feed back

Stella: [N:o

(.)

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Elsie: Mmm

Sally: Okay is there ↑anything on page ↓three (0.2) that we can say anything ↑about

Stella: [(Can’t think)]

Elsie: [I think there was maybe one feedback ↓letter there which see if it’s on page ↓three (0.4) no it’s on the next ↓one (0.4)]

Sally: O↑kay (0.2) page ↑four

(.)

Elsie: Yeah=

Stella: =Cn ↑sorry can you just put by (0.6) J↓U on three the third one up from the ↑bot↓tom (0.6)

Sally: [[[Yeh}
Stella: [[that I’m waiting for her to contact me at the end of (.) Oc\textsuperscript{to}ber (1.2) and that just (0.4) jolts ↑my ↓mind as [we:ll

Elsie: [↑Mm mm

(6.2) ((sound of rustling paper and door opening))

Clark: Sorry (0.4) Sally ↑that (0.2) o- one we were discussing ↑ear\textsuperscript{lier} is in the ↑cit\textsuperscript{y}

(1.2)

Elsie: AAAAAAH (0.2) that’s w↑[hy ↓then

Clark: [Be::Wu::: (0.6) Stanstead C\textsuperscript{ourt

Milton: [Ri:::ght (.)) so (0.2) ↑if you could sug↓gest that the follow up appointment is made (0.4) if they could ehm (.)

Elsie: [The one that was seeing

Milton: ↑put a little no↓:te

(2.2)
John: ↑Sheila ↓Kennett (1.2) does that ring

Sally: [Mmm yeh

Milton: Well ↑I'll come ↓out now hhhhh hhhhh ((laughs))

Clark: Sorry=

Milton: =Yes=

Clark: =I th- (.) just thought you were going to come out

Elsie: [Yeah it needs a different ↑doctor then ↑doesn' it=

Sally: ↑0↓kay

Sally: =It makes more sense

Elsie: °[Ah::: ::::: it's juuss I mean they've got all that° extra ↓work ((door closing))

that's ↓been ↑created ↓by just ↑pure administrative ↓stuff

(0.2)
Sally: "Ah is juss°

(0.4)

Elsie: .hh[hhhhhh ((exhales loudly))

Sally: °[ridiculous° (0.4) .hhh right so that's on page ↓three (0.4) shall we move ↓on

Elsie: [Yeah=

Sally: =Page ↓four=

Elsie: =Page ↓four ↑two ↓down on pa[ge ↓four (. J↓M=

Sally: [Yeh Yeh

Sally: =Yeh=

Elsie: =a::nd there's a feedback letter °w-° from John here ↓anyway sez that e::'s err
cancelled it cause he's moved to ↑Bridgford (0.8) ahm so it's ↑been referred ↓on (0.6)

by J[ohn

John: [(°----[--------------°)=

Sally: [On the list
Elsie: =so that just needs (0.4) well it doesn' even need filling cause presumably

John: [A: h yes

Elsie: you'll 've put the origial in the notes anyway

John: [original (this) letter ay lovely yeh=

Elsie: =so we can actually=

Sally: Yeh

John: =Yeah okay great yeah=

Sally: =O: kay anything else on page four

Elsie: [Mmm

John: (4.2)

Sally: No (.) alright five

Elzie: °[Mmm°

John: Phewww ((yawns))

John: (0.2)
Sally: Uh huh ((laughs)) (1.6) uo:sh (0.2) page ↑SIX (0.6) I’ll ↑get to one of mine at ↓this↑rate (1.2) eh::::m (0.6) ↑no
(0.6) ((rustling paper))

Elsie: ("I’ll have a look")
(0.4)

Sally: There seem to be an ↑awful lot of ↑feedback (0.2) ↑letters that we haven’t got’n that ca[se

Elsie: [Well we need (. ) we did a big request the other (. )

Elsie: [[couple of weeks ↓ago and they came in a batch so we need to [write them ↑against

Sally: [[I kno::w

Sally: [Yeah

Elsie: them [now a↑gain

Sally: [↑yeah
Sally: So:: (4.0) page seven shall I (0.2) do a feedback

(0.2)

Elsie: Yeah

(0.6) ((sound of rustling paper))

Sally: Might as well ehmm (0.4) this is the top of page seven (0.4) G: E: (1.2) ehm (6.0) ((rustling paper)) and this is to Doctor Cl- (0.2) Cl: y eh::m (0.6) thank you for referring (0.4) Glenda to the team saw her togther with her husband (0.6) err assessment (.). Wednesday tenth of October duh duh duh duh .hh (0.4) ehm I'll read it out it's easier (0.2) she i:denified her problems as as having started earlier this year when her husband was diagnosed with cancer (.). hh and the management at her workplace were extremely unsympa:tic (.). hh at around the same time her teenage son was having treatment for glaucoma (.). hh there was a fear that he might lose his eyesight (.). hh a request for time off to attend
hospital appointments were treated unsympathetically (.) .hhh (0.2) and she was

closely questioned every time she asked (.) .hh she was also made to pay back

any time she had off by working extra hours=

Elsie:  =Mmm=

Sally:  =.hh in addition she felt that she was being continually picked on and told off by

her boss for minor mistakes (.) .hhh she'd been working four twelve hour shifts and

previously done (0.2 .hh little extra work on her days off by driving a VAN (.) for a

friend delivery firm (.) .hh and this work had lasted six months (.) .hh she told me

that she'd not realised that by doing this she'd be contravining a worktime

directive (.) .hh she'd finished this job by the time of her husband's illness but

when the company found out about it she was accused of (0.2) .hhh gross misconduct (.) .hh she told me that her immediate boss had called her into his office and

shouted at her for forty minutes (.) .hh she said that this had occurred at a time

when she didn't know whether her husband was going to survive (.) .hh and she'd just
gone to pieces (.). hh she became increasingly anxious at work could not cope with raised voices and has found herself more and more tearful (.). hh by June she was unable to carry on working and has been off sick ever since (0.6) . hh current measures show no evidence of depression with a score of nine of the Beck (.). hh er::m oh she did admit to some increased tearfulness and irritation (.). hh sleep and appetite are fine and there is not and never has been any suicidal ideation or self harm (.). hh no evidence of psychotic phenomena or of any other significant mental illness (.). hh didn’t judge her to be a risk to herself or others (.). hh however as we talked about the situation with her employers she became increasingly distressed tearful (.). hh and shaky and she also started to stammer (.). hh described feeling of anxiety and panic and said that these had been associated with the work situation (.). hh but now also occurred when she talked about work or even when she anticipated a work related conversation (0.2) . hh she’s avoiding going into Harborough for fear of bumping into work colleagues and will not answer the
she's extremely apprehensive about going back but feels that she has no choice
beciz ah((laughs)) after six months (.). hh she will only be eligible for benefits
an not half pay (.). hh as she previously thought OUTside the work area there her
life appears to be fine ((banging sound)) husband has made a good recovery and she
told me that they have a happy and stable relationship as well as a good social life
(.). hhh at interview he seemed both supportive and understanding and agreed with
her description of events (.). hh she has no problems in going out as long as it's
not to Harborough (0.2) or to meet people with whom she worked (.). hh she was born
and brought up locally the eldest of a sibship of four described happy and normal
childhood with no significant (.). hh or traumatic events and said she'd enjoyed
school made friends (.). hh left at seventeen married her present partner within the
year and they've been married for seventeen years (.). hh and have four teenage
children (.). hh they've not had any financial problems up to now but an anticipate
difficulties (0.2) if Glenda’s money’s reduced drastically after six months off

sick (1.0) I didn’t think feel she could (0.2) be said to have a significant mental

health problem and she’s therefore outside the remit of the team (.). hh I’d also be

wary of giving her a psychiatric label as I wouldn’t want to pathologise her

problems (.). hh however she certainly expressed anxiety in the work situation (.).

and (0.4) and currently expresses anticipatory anxiety when thinking and

talking about work (.). hh it’s hard to see how she could easily return but I do

feel that counselling (.). hh away from the work situation would be helpful (0.4)

. hh ehm (0.2) and she’d been offered some counselling through work and had gone to

see this guy (.). hh in a very tiny office (0.2) with no windows and it was dark

(0.2) . hh and (0.2) he’d listened to her (0.4) and then she’d asked him if he’d got

any qualifications as a counsellor . hh and he said none whatsoever I’m just here

to listen . hh=

(Milton): =hhhh[hh
Sally: [so (0.2) not surprisingly she didn’t have much (0.2) confidence in him mm mm hh .hhh= ((laughs))

Clark: [Mmm mm

((laughing))

Milton: = (Well they have that)

Sally: [Hah hah hah ((laughs)) (0.2)

Milton: They have this thing [ehm (.) that they get very precious about in Harborough

Sally: [Huh hah hah

Milton: (which I’ve not) come across called the listening service .hhh and ehm (0.6) the (0.6) the listeners (.) have been very prominent in what used to be called the (. ) standing (1.0) huh th- huh standing committee ((laughs)) (0.2) for mental health

. hh an when (0.2) we talked about (0.4) counselling services they were very
resistant to: .hhh (0.4) ehm counselling services which were coming into
Harborough (though they would've been here actually sixteen years ago [about with
Sally:
[Really
Milton: Jerem involved and everything .hhh and they were saying we are listeners 'n' (.)
you know [it's sort of
Elsie: [Mmm
Sally: [Oh ((laughing))
(0.4)
Milton: Eh:m
(.)
Sally: Weh she was very angry and i- (. and I mean it in increased her anger .hh (0.2)
Milton: [Mmmmm
Sally: obviously about the company and about the way they've treated her
Elsie: [Mmmmm
Sally: [[Eh::m
Milton: [[Ye::s so is this in Harbor·ough or err=
Sally: =It's it's (. ) it's fo- th- ehm (0.2) she works for 3
Milton: ( . )
Milton: Right [mmm
John: [Mmm
Milton: S::o:
Sally: [and it's j[ust somebody who'd been not surprisingly very ᵃⁿᵍʳʸ
Milton: [↑Mmm
Sally: about the way she's been ↑trea↓ed=
Milton: =Ye::s=

Sally: so I said I felt that she that counselling away from the work situation would be helpful and in particular it might enable her to get in touch with and express her feelings of anger (towards the company for the way in which she's been treated). And then I put I wonder if you've access to counselling through the PCG. If not I suggested that Glenda they could contact the Nottingham or Leicester counselling centres although there might be quite a wait for input. I've arranged a further session with me in November to monitor anxiety and see and see what progress has been made with regard to her employers. And actually I ended up feeling really angry on her behalf and I guess it was perhaps HER ha-anger as well. Cause she couldn't express it. Hhh
Milton: Mmm (2.0) I mean I don't know if you know anything about this listening business

Elsie: [It's linked with the Baptist church (0.4) it's been going years

Stella: [Mmm

Elsie: they they were (0.6) I think they started off originally (.) within they

Milton: [Mmm

Elsie: own church

Milton: Cause Jean Naylor describes herself as a listener "doesn't she"
Elsie: Ah duhurh h[h huh huh ((laughs))

Sally: [Well ↑this was an employ[ee an employ↓ee of the ↑comp↓any

Milton: [She ↑did well she ↓did yeh

Sally: this was an employe of the ↑comp↓any who was er was nothing to do with °(this at

Elsie: [.hhhh ↑oh yeah no it’s no it’s ↓no separate yeh

Sally: this [----------)° .hh[hh

Elsie: no no

Milton: [Mmm

Elsie: [Weh they’re ↑still around the ↓Charnwood listeners but i- it

↑is (0.2) linked with the Baptist ↓Church=

Milton: =↑Right I didn’t know ↓that (0.2) mm=

Elsie: =Yea:h °okay°=

Sally: =°I didn’t know that one ↑either)°
Elsie: third up from the bottom on that page (0.4) AGR up
Sally: [Yeh
Elsie: should've come off anyway last week cause it was a Coalville (0.6) °(I think)°
Sally: O kay (0.4) I've got another one t- (0.2) to feedback which (0.2) oh no shall we
leave it (1.0) If we're going to have ehm=
John: (("No time")
Elsie: Mm
Sally: can leave it till next (yea:r)
Stella: [ (Mmm it's on ther[e)
John: [Can I just mention on page eight very quickly
you can take (0.2) JR four down (0.4) off
(0.4)
Sally: Oh right yes:

John: [cause I discussed twice with him the Ge:

Sally: [Oh yes

Stella: [Hooray

Elsie: [Oh excellent

Elsie: (0.2)

Elsie: =Good

(.

Ron: Or you could take of B: A: (.) as well sec

Sally: [Where’s that=

Ron: =Second from the top on page eight

Sally: [Right

(0.2)

Sally: Right=

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Ron: Ehm before she (door closing) has err I spoke with her and she said she'd
re-engaged with Albert Street and they were going to sort it out and I:
rang Doctor Carrott who said that's fine with her

Sally: Right

Ron: so I'll shall not be assessing her

Elsie: [Nn an on page eight

Stella: BA for take off

Elsie: one two three four five it

Ron: [Yes

Sally: [Yeah
Elsie: was a Leicester one an I've wri- off (0.2) the letter's gone (0.4) to that \textit{team}. hh

ah huh huh (\textit{laughs})

(0.2)

Milton: And \textit{they've} eh:::m not bounced it \textit{back}=

Sally: \textit{We've actually}

(.)

Elsie: \textit{Er::::::: not yet} nnhuh huh= (\textit{laughs})

Sally: \textit{We've actually} taken an awful lot off the \textit{list} des\textit{pite} the fact that we

Stella: \textit{[\textit{Mmmmm}}

Sally: haven't had time for many \textit{faked} baa\textit{hacks} (\textit{laughs}) (0.6) so: (0.8) not too \textit{bad} (0.6)

okay shall we \textit{leave} it \textit{there} and come back at half past for the \textit{business} \textit{meeting}

(0.2)

Elsie: Yeh