Beginning Evidence-based Practice for Teaching, Research, and Non-clinical Psychology

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Abstract

The aim of this presentation is to extend our consideration of evidence-based practice in psychology. To date the focus of evidence-based practice has been to make clinical treatments more accountable (Levant, 2005). But, similarly, evidence-based practice can be applied to make the practices of psychologists in teaching, research, and non-clinical settings accountable. However it is not immediately obvious how to begin this move. It becomes clearer by broadening the range of evidence being considered for eliciting best practice. Say, in contrast to elevating the status of particular individuals as teaching, research, or consulting experts.

This focuses on the evidence of practice rather than assigning authority to exemplary individuals. This can be accomplished by collecting naturalistic data and using it to display normative and exceptional practices. Conversation analysis provides a methodology and discursive psychology offers a conceptual framework for eliciting best practices. This is a starting point because discourse is central to teaching, research, and consulting activities in psychology. Data from two cases – an extract from a semi-structured research interview and an extract from a first consultation between a psychologist-client will be used to illustrate this.

Introduction

Former APA President, Dr. Ronald F. Levant, used his President’s column in the APA Monitor (Levant, 2005) to explain to members why he had sponsored an APA Presidential Initiative on Evidence-Based Practice (EBP) in Psychology. This account was designed to allay the fears that some psychologists held about this initiative. Levant explained that “the EBP movement in U.S. society is truly a juggernaut, racing to achieve accountability in medicine, psychology, education, public policy and even architecture. The zeitgeist is to require professionals to base their practice to whatever extent possible on evidence. Thus, psychology needs to define EBP in psychology or it will be defined for us. We cannot afford to sit on the sidelines” (p. 5).

This paper responds to Levant’s call for psychology to participate in evidence-based practice. However it is not focused on clinical psychology or clinical treatments. Instead we are concerned with psychologists’ practices in teaching, research, and non-clinical settings. Our aim is to display how psychologists might begin to extend considerations about evidence-based practice to other domains of psychological practice.

This paper is arranged in five sections. First, there is this introduction. Second, we display a transcript of talk between a researcher and a research participant. We make some basic points about broadening the range of data as evidence. Thirdly, we present a transcript and make some brief observations about a conversation between a psychologist and a client. Fourthly, we make some preliminary comments that hold the psychologist accountable for the trajectory of this conversation with the client in this therapy talk. Finally, we close by making some general comments about the opportunities that Levant’s views have for evidence-based practice in teaching, research, and non-clinical psychology.

Researcher-Research Participant Talk

The first case displays the opening 25 seconds of talk between a research psychologist and a participant in a semi-structured research interview. This case allows us to make some basic points about broadening the range of data as evidence. Interview transcripts as evidence of a psychologist’s practices in a research setting.

The conversation has been transcribed using some of the conventions that have been established by Gail Jefferson1 to display the verbatim speech between these two participants and the paralinguistic features of this talk. These conventions are displayed in Appendix A. This and other transcription data is examined using conversation analysis and discursive psychology2.

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1 See pages ix-xvi in Atkinson and Heritage (1984) to see an annotated illustration of these transcription conventions.
2 For a brief introduction to these two constructs see Lamont-Mills and Christensen (2007).
Extract 1: Opening to a Research Interview

Participants: I: Interviewer, S: Research Participant

0 (record button pressed))
1 I: I’m talking with Ryan Penhurst on the first of December (0.5) about uhm
2 (0.5) fast-break and counter-attack
3 situations (1.0) from both the: uhm
4 (0.5) the: attackers point of view and
5 also the defender’s point of view .huh
6 (0.5) and uhm “you said” (1.4)
7 S: Go on (0.4) go on.
8 I: Yeah you were just about to make a
9 “good point” about uhm fast-breaks.
10 S: Yeah=yep I think that (0.5) the most
11 important thing isn=is=with fast-break
12 situations is whether there should be a
13 fast-break. (0.4)

The first observation is that we are only concerned with that part of the conversation that has been recorded. This point is signalled in the transcription note at Line 0. This note is important as it acknowledges that the parties may have talked before the recording started. However since we are not privy to this conversation it is not a source of evidence of practice and instead we can only focus on the data that is before us.

This is a significant point in the conversation displayed above. The Interviewer (hereafter I) appears to begin by marking the research interview with an announcement of the date, the name of the research participant, and the purpose of the interview in Lines 1-6. This is hearable as an opening to a recorded interview in the audio tape and it is clearly displayed in the transcript.

However the talk in Lines 7-11 suggests that some part of this conversation had actually commenced prior to the record button being pressed. Indeed, I makes this point explicitly in Lines 9-10 with the assessment, you were just about to make a good point about uhm fast-breaks. S agrees with this assessment in Line 11, yeah yep, which is produced with no interval between these utterances. This latching is displayed in the transcript with an equal sign (i.e., =) between the two utterances. S then continues talking and possibly repeats some portion of his early talk. However the key point is that we do not have a recording of this earlier talk and so we are not able to make any meaningful comment about it.

The second observation is that the talk in Extract one is orderly. This is hearable in the audio recording of the conversation and it is clearly displayed in the transcript. There are no interruptions or instances of overlapping talk produced by either of the speakers in this extract. Instead the speakers simply take alternate turns to talk.

Notwithstanding this orderliness, the conversation in Extract one is neither fluent nor well scripted. Instead it is punctuated with pauses and uhms throughout the talk. And it contains errors and repairs, such as the most important thing isn is with fast-breaks, in Lines 11-12. Notwithstanding, I and S are able to understand each other and are able to open this research interview in a functional, if not fluent, manner.

Psychologist-Client Talk

The second case displays the opening 90 seconds of a conversation between a psychologist and a client. It is being used to illustrate how we can extend the notion of evidence-based practice to make the practices of a psychologist in therapeutic settings more accountable.

The transcript is presented as three separate extracts. The consecutive line numbers display the continuous or serial nature of the conversation. The extracts have been separated to show three broad themes operating in the early part of this conversation as well as some of the interactional practices used to accomplish them. In the discussion that follows each extract, we show how this data can be used as evidence of the psychologist’s practice. That is, we display how a third party, such as a supervisor, can use the recording and transcript as evidence of the interactional practices used by the psychologist to accomplish various actions. Finally, we show how a psychologist can be held accountable for the trajectory of a conversation with a client using these exposed interactional practices as evidence.

Extract 2: Opening the Conversation

Participants: Psychologist (P), Client (C)

0 (record button pressed))
1 P: Good morning Lane how are you?
2 C: Pretty good.
3 P: Oh that’s good.

The first observation is that the talk in Extract two is orderly. This is hearable in the audio recording of the conversation and it is clearly displayed in the transcript. We can see how this orderly opening has been produced by looking closely at the sequential nature of each line of talk in this extract. This involves seeing how the talk at Line 1 shapes the talk in Line 2, and so on and so forth. There are at least two interactional features used in organising this opening that are produced by the Psychologist (hereafter P) and the Client (hereafter C).

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3 A pseudonym is being used.
4 The psychologist is provisionally registered and this data is from material recorded for a skills-based teaching course.
5 This is a key notion in conversation analysis and it is used as a basic tool to examine the orderly properties of talk (Hutchby & Woolfitt, 1998).
Firstly, the speakers display orderly turn-taking behaviour. There are no interruptions or instances of overlapping talk produced by either of the speakers in this extract. Instead, the speakers take alternate turns to talk. So we can see that both participants adhere to the general conversational rule that no more than one party speaks at a time (Sacks, 1992/1995).

Secondly, this opening is produced using some adjacent actions. P begins at Line 1 with a greeting; *good morning Lane*, and immediately follows this with a question, *how are you?* C responds with an answer to this question at Line 2. So we can see a question-answer pair produced adjacent to each other in Lines 1-2. P and C use this adjacency pair mechanism as a resource to display to one another how they understand the other’s previous turn to talk.

Interestingly, P acknowledges the answer in Line 3 with the response, *oh that’s good*. What is interesting here is to consider what action this response might be doing in the conversation⁶. P appears to be signalling to C that she/he has heard the answer, but moreover is treating it as a preferred or expected answer to the original question. Pomerantz (1984) explains that a preferred second (e.g., an answer to a question, or an acceptance to an invitation) is typically produced immediately, unmarked, and without an account by a speaker. This is contrasted with a dispreferred second or response which is typically produced after a delay, with a dispreferred marking (e.g., beginning with “Well”), some softening, and with an account provided by the speaker.

So we can see that P and C produce an orderly opening to this conversation. Provisionally, this has a Question-Answer-Acknowledgement format. P and C accomplish this by adhering to the normal rules for turn-taking, and by using adjacency pair and preferring as resources.

However P produces an interesting acknowledgement at the third-turn position. We are curious about it, in part, because it occurs so early in the conversation. Could it be a practice that P systematically uses to produce order in therapy talk? Does P continue to use it to accomplish other actions in this conversation? So this curiosity informs an analysis of the third extract.

Extract 3: Role of the Psychologist
Participants: Psychologist (P), Client (C)

4 P: .hhh Lane u:hm you’ve come to see me today
5 and there’s just a few things that we need to
6 discuss before we get into our session.

7 C: U:huh=
8 P: =Ok.
9 P: .hhh u:hm One of the things that we need
10 to talk about is the role of the psychologist.
11 Have you ever been to see a psychologist before?
12 (0.6)
13 C: .t.hh No=
14 P: =No ok=
15 P: =Do you
16 P: are you comfortable with what a psychologist
17 do you have any idea what a psychologist does?
18 C: No=
19 P: =No ok.
20 P: .hhh Well a psychologist is different to u:hm
21 a:h psychiatrist for example in that we don’t
22 prescribe medication .hhh but we talk about
23 problems and we come up with treatment
24 plans and ways to help you .hhh u:hm and
25 .t.hh so on and so forth.
26 P: Is that are you ok with that?
27 C: U:huh=
28 P: =Ok.
29 (0.4)

The first observation is that the talk in Extract three is orderly. Albeit that it is a longer extract with more paralanguage being displayed by the speakers. However the orderliness is hearable in the recording and this is displayed in a transcript that is free of interruptions and overlapping talk. Both participants contribute to this order by adhering to the basic turn-taking rules⁷.

Secondly the three-part sequence that we observed in the second extract is also displayed in Extract three. We can see instances of this in the talk across Lines 4-8, Lines 9-14, Lines 15-19, and Lines 20-29.

P begins this extract at Line 4 with a heavy in-breath (i.e., .hhh) and an announcement that closes with, *things we need to discuss before we get into our session*. C accepts this announcement at Line 7. So we see an announcement-acceptance adjacency pair produced at Lines 4-7. P then acknowledges this with, *Ok*, at Line 8. Note that P acknowledges both hearing this acceptance and that it is the preferred response to the announcement. Interestingly, P latches the acknowledgement onto the end of C’s utterance so there is very little gap between when C finishes talking and P begins talking.

P continues in Lines 9-11. P begins with an in-breath and follows with an announcement and a question, *have you ever been to see a psychologist before?* C responds with a clicking sound, an in-breath, and an answer at

⁶ A premise of conversational analysis is that people use talk to accomplish actions in conversations (Hutchby & Wooffitt, 1998).

⁷ The three basic turn-taking rules are turns occur, one speaker talks at a time, and turns are taken with as little gap as is possible between consecutive segments of speech (Sacks, Schegloff, & Jefferson, 1974).
Line 13. This answer is acknowledged by P at Line 14. Note also that P latches the acknowledge to C’s answer, again. So the talk across Lines 9-14 displays a three part Announcement/Question-Answer-Acknowledgement sequence.

A Question-Answer-Acknowledgement format is also repeated in Lines 15-19. Albeit that P starts and then abandons two questions, do you [know] at Line 15, and, are you comfortable with what a psychologist, at Line 16 before completing the question at Line 17. C answers at Line 18, and P acknowledges this at Line 19 to complete a three-part sequence. P continues to use latching in the therapy talk.

The final segment at Lines 20-29 continues this pattern of interaction between these parties. P begins with a heavy in-breath that is positioned immediately after the acknowledgement at Line 20. P then produces a long answer to his/her own earlier question in Lines 20-25. P continues to produce a question at Line 26, albeit with a repair or restart, is that. C answers at Line 27 and P acknowledges this in the latched response at Line 28. Note, latching and in-breaths continue to be used by P.

The talk across Lines 20-29 conforms to patterns that we have seen throughout Extract three. P and C produce a Question-Answer-Acknowledgement sequence, albeit that P begins with an answer to the earlier question.

So we can see that P and C continue to produce orderly therapy talk using the normative rules for turn-taking, adjacency pairs and preferencing. A three-part format continues to be used to display understanding with P acknowledging C’s responses at the third-turn position. Given how P has use this to perform other actions in this extract then we should revise our earlier label from a systematic practice for producing orderly therapy talk. This curiosity informs an analysis of the fourth extract.

Extract 4: Confidentiality
Participants: Psychologist (P), Client (C)

P: t.hhh The other thing that we need to talk about

C: [hmhm]

P: The same goes for the reports and notes

C: [hmhm]

P: However there are certain conditions

C: [hmhm]

P: when confidentiality must be broken.

C: (0.4)

P: Ok=

C: =Alright.

P: .hhh One of these is for example if I get

C: Yes that’s fine=

P: subpoenaed to appear in court.

C: mhm=

P: =uhm my notes and I obviously u:hm haveta

C: comply with the law.

P: .hhh The other is if at any point I think that

C: you’re (0.3) u:hm (0.4) in danger of harming

P: yourself or harming somebody else.

C: I am duty bound to report that.

P: However you need to know that I am not

C: doing it () without telling you.

P: It is not going to be a:h surprise to you we will

C: discuss it before hand and I will tell you that

P: .hhh I am concerned and that I going to report it on.

C: Ok=

P: =Yr ok with that=

C: =Yes that’s fine=

P: =Ok.

P: .hhh The other thing we need to talk about is your

C: consent form.

We are interested in this part of P’s talk because of the position where latching and in-breath are occurring. That is, they occur at the place where a change in speaker-listener roles is possible. We’re wondering whether P is using these resources at these positions as a systematic practice for producing orderly therapy talk.

³ Sacks (1992/1995) refers to this position as a transition relevant place, and defines it as a location where the role of speaker may change.
orderly therapy talk. That is, to focus our discussions to show how data like this can be used to do evidence-based practice with therapy talk.

The first observation is that the talk in Extract four is orderly and both parties are adhering to the basic rules of turn-taking. The transcript is free of interruptions or contested speech. There are however two instances of overlapping talk at Lines 37-38 and Lines 40-41. However C produces overlapping talk that is whispered and positions this in overlap with P’s in-breaths.

Secondly, the three-part sequence that we observed in the second and third extracts is also displayed in Extract four. We can see instances of a First-part, Second-part, and Acknowledgement sequence across Lines 30-34, Lines 35-45, and Lines 46-63. However none of these displays the exact same canonical format that we spoke about in Extract three. The talk at Lines 30-34 begins with an in-breath, the acknowledgement, Ok, is latched to the second-part response at Line 34 but it is produced with a continuing intonation, and P so uses latching to continue speaking at Line 35.

Lines 35-45 begins with latching, an acknowledgement, Alright, is latched to the second-part response and produced with a downward intonation at Line 45, and P uses an in-breath to continue speaking at Line 46.

Lines 46-63 begins with an in-breath, and closes at Line 63 with, Ok, which is produced with a downward intonation. However there is an insertion sequence added at Lines 61-62. This insertion expands the second-part acknowledgment sequence, Ok, and varies from our earlier and anticipated canonical format.

Notwithstanding these variations, P continues to use latching and in-breaths systematically at the third turn acknowledgement, and first turn positions. That is, P consistently uses latching and in-breaths as interactional resources for managing the conversation, and producing orderly therapy talk that displays a preferred turn shape.

Accountability

So a 90 second transcript of conversation between a psychologist and a client can revealed some interesting observations. Notwithstanding we have only examined a small port of data, but there is a beginning sense of how P manages orderly therapy talk. We have not been able to determine the canonical form that P uses to produce orderly therapy talk with a preferred turn shape. But though this illustration we can begin to see how a psychologist can be held accountable for the trajectory of therapy talk with a client by examining evidence of the discursive practices used in this talk.

Closure

We have treated Richard Levant’s explanation about his Presidential Initiative as an invitation to become involved in evidence-based practice. Moreover, we have treated it as an explicit invitation to consider a broader range of evidence for examining psychological practice. Secondly, we have also treated it as an implicit invitation to broaden the application of evidence-based practice to settings other than clinical psychology. And to begin using theoretical and methodological resources that are useful for examining naturally occurring data. So psychologists can base their practice on evidence.

Appendix A

Some Transcription Conventions (Jefferson, 1984).

: An utterance is prolonged or elongated.
= Signals talk that is latched to a previous turn.
( ) A brief untimed pause less that 0.2 seconds.
(0.4) A 0.4 second pause in conversation.
.hhh An audible in-breath.
.t.hhh A tch sound followed by an audible in-breath.
°text° Whispered or reduced volume speech.
((text)) Annotated text provided by the transcriber.

Additional Information

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References


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