

## A Conversation Analysis of Initial Counseling Sessions

Yih-hsing Liu, Duquesne University  
and  
Melissa Luke, Syracuse University

### Abstract

This study used conversation analysis to explore the microlinguistic processes of talk and interactions of five initial sessions between counselors-in-training and clients. The researchers used naturally occurring data to explore how the sessions were developed, relationships were formed, and session depth was produced in the sequence of interactions. Four conversational themes included casual interactions, direct invitations, recapitulations, and repairs. Casual interactions reflect a style of rapport, which helps to relieve the intensity of the initial encounters and convey an understanding of the presenting issues. Direct invitations and recapitulations between speakers are direct evidences of relational utterances concerning session depth as they illustrate jointly constructed counseling narratives and a synchronicity of speakers' involvement in the topics. Repair helped speakers reestablish the relationship and negotiate therapeutic directions. The four themes support that maintaining therapeutic relationships and conducting in-depth discussions, insight building, and immediacy are not mutually exclusive in the context of the initial session.

*Keywords:* conversation analysis, initial sessions, counselor-in-training, talk and interactions, counseling discourse

## A Conversation Analysis of Initial Counseling Sessions

In an initial counseling session, counselors regularly encounter a variety of emotional, behavioral, social, and physical issues presented by their clients. In order for counselors to respond effectively to the clients' presenting issues during the initial and subsequent sessions, a comprehensive history-taking and thorough conceptualization may be essential in the first meeting (Neukrug & Schwitzer, 2006). While assessment and history-taking are typical routines in initial clinical interactions, an initial counseling session is a microcosm of the entire therapeutic course; specifically, assessments, disclosures, and the impact of the therapeutic relationship on changes, interventions, and closure can simultaneously occur in a single therapeutic encounter. Thus, the first session is often a balance of completing technical tasks that are unique to the initial session, such as assessment, diagnosis, and explanation of therapeutic processes (e.g. rules of confidentiality), as well as gathering information needed to begin case conceptualization and initiating brief interventions to commence the actual therapeutic process (Alegría et al., 2008), including crisis planning if necessary (Kress & Paylo, 2014; Whitlock, Polen, Green, Orleans, & Klein, 2004).

In addition, an initial encounter involves a variety of relational dynamics that can create unique challenges in establishing a working alliance. For example, during the process of information gathering, a well-formed relationship may create an environment that opens up the possibility for deeper self-disclosure and emotional vulnerability (Tay, 2011). However, a mutual trust between a clinician and a client may yet to be established in the first encounter (Easter & Beach, 2004). Under such circumstances, clients often experience feeling vulnerable, and they may be concerned about clinicians' responses and reactions when they are presenting health issues or personal information (Katon & Kleinman, 1981). As a result, clients may feel reluctant or even skeptical about continuing treatment, especially for psychological and mental health interventions (DeGood, 1983). In some cases, discord that occurs between clinicians and clients may result in clients' non-compliance or discontinuation of the treatment (Rahman, 2000). Thus, the unique dynamics and circumstances of initial sessions have a tremendous bearing on future encounters and may shape subsequent therapeutic processes (Budman, Hoyt, & Friedman, 1992).

### **Studies on the Initial Session**

Past research supports that the interactions, interventions, and relationship that have occurred in the initial sessions have an impact on the development of a therapeutic alliance and, thus the effectiveness of subsequent treatment (Buttny & Jensen, 1995; Greenberg & Stone, 1992; Kokotovic & Tracey, 1990; Saltzman, Luctgert, Roth, Creaser, & Howard, 1976). Further, studies have supported that, by and large, the development of a healthy therapeutic relationship plays an essential role in predicting positive treatment outcomes (Castonguay, Constantino, & Holtforth, 2006; Horvath & Symonds, 1991). Initial counseling sessions have crucial implications for the successful development of a therapeutic alliance, which is, arguably, the most important factor in successful treatment outcomes.

Despite the importance of initial counseling interactions in establishing working alliances, the topic of these sessions has received relatively little attention in counseling literature. For the most part, existent literature related to initial counseling sessions is primarily found in medicine and medical education fields. Mainly, studies focus on the function and impact of initial sessions on medical treatment effectiveness and outcomes, such as brief interventions that occur during the assessment period (Esogbue & Elder, 1979; Whitlock et al., 2004), prediction of treatment durations and outcomes (Zisook, Hammond, Jaffe, & Gammon, 1978), and patients' satisfaction (Rahman, 2000). Some studies investigate the formation and processes of working alliances (Easter & Beach, 2004; Ruusuvuori, 2005, 2007).

The current study has used eight prominent databases with 13 identified key words to locate the relevant literature on initial counseling sessions. Although some literature includes initial counseling sessions as the topic of focus, little research was found that was empirically based. A total of three studies were selected for this review because they were empirically based projects that focused on counselor-client interactions in initial interviews (Nakash, Nagar, & Kanat-Maymon, 2015; Odell & Quinn, 1998; Tryon, 1990). The key components of the three studies include session depth, session smoothness, and working alliances in initial counseling sessions.

Odell and Quinn (1998) conducted a study of 38 marriage and family counseling sessions exploring the impact of initial sessions and their relationship to clients' subsequent treatment duration. Data included observation of therapists' and clients' behaviors, as well as surveys of clients' perceptions of the session impact. A Contextual Interaction Coding System (CICS) was used to code global types of counselors' behaviors, including caring (e.g., empathic and relational interventions), structuring (e.g., techniques and interventions that controlled session topics and flow), and following (e.g., counselors' acceptance or support of clients' lead). Clients' behaviors were observed and coded based on the categories of cooperation (e.g., compliance with treatment directions) and structuring (e.g., clients' attempts to control the direction of the sessions). The Session Evaluation Questionnaire (SEQ), which inquired about clients' perceptions of their post-session mood (i.e., positivity and arousal), as well as session depth (e.g., discussion of deeper issues) and session smoothness (e.g., clients' sense of comfort), was used for clients' surveys. The study showed that global types of counseling behaviors (e.g., caring and following clients' lead in discussions) and ways of structuring sessions (e.g., providing interventions and asking questions) had no significant relation to treatment duration (e.g., number of sessions continued after the initial session) and clients' ratings on session impact. Instead, clients' symptom severity was found to be positively related to cooperation and treatment duration, but negatively related to session smoothness and reported sense of emotional relief.

Tryon (1990) conducted a correlational study that focused on initial session depth and smoothness as a predictor of treatment continuance in a university counseling center. The therapists in this study included five doctoral-level staff therapists and practicum trainees, respectively. A total of 290 college students who came to the counseling center for personal, vocational, and educational concerns participated in the study. Session evaluation questionnaires (SEQ) that assessed the depth and smoothness of initial sessions were obtained from staff therapists ( $n=185$ ), counselors-in-training ( $n=85$ ), and clients ( $n=263$ ). Correlation analyses indicated that clients who returned after initial interviews had experienced longer first sessions than those who did not return,  $F(1, 237) = 10.63, p < .002$ . In addition, client continuance of therapy after the initial encounter was significantly associated with the depth of the conversation,  $F(1, 237) = 7.33, p < .008$ , clients' greater satisfaction,  $F(1, 237) = 6.61, p < .02$ , more disturbance caused by their issues,  $F(1, 237) = 6.81, p < .01$ , and higher motivation toward counseling,  $F(1, 237) = 17.69, p < .0001$ .

A recent study by Nakash et al. (2015) focused on exploring the possible association between the quality of the working alliance and the content of the information in the intake session among 38 therapists and 107 clients in four mental health clinics in Israel. Hierarchical linear model analysis indicated that clients' ratings of the working alliance was significantly associated with greater discussion of personal history and sociocultural background and less with a discussion of diagnostic symptom presentation.

Previous studies related to initial counseling sessions focused on the impact of the session on treatment effectiveness, duration, and outcome (Odell & Quinn, 1998; Tryon, 1990). These studies support that using a relational approach during assessment is essential in building therapeutic alliances, which may enhance clients' participation in the counseling processes (Kokotovic & Tracey, 1990; Kress & Paylo, 2014; Nakash et al., 2015; Saltzman et al., 1976;

Timm, 2015). Beyond the aforementioned findings, little scholarly information exists regarding the interactions and processes that occur during initial clinical meetings. For example, what are clinicians' verbal and nonverbal behaviors that facilitate session depth? What linguistic features signify relational utterances between clinicians and clients? Curiously, previous research includes little investigation about the detail of initial interactions. Furthermore, the majority of these studies used indirect data such as surveys or clients' ratings. Studies that used coding and observational methods focused on thematic level analysis. None of these studies examined the microanalytic features of talk and interactions, which may include but are not limited to speed, inflection, tone (fall and rise), overlap speech, pause, or non-verbatim utterances, such as chuckles and laughter (see Table 2). The orthographic review of the verbatim and noted elements of utterance often reveal significant information about the context and the sequence of speakers' behaviors (Atkinson & Heritage, 1999; Sacks, Schegloff, & Jefferson, 1974); yet, there is very little empirical investigation on talk and interactions in clinical sessions in the counseling literature. The current study fills this gap by using the interactions of initial sessions as primary data for analysis. In addition, the analysis includes both the thematic level as well as the microanalytic features of talk in order to clearly present how speakers jointly produce therapeutic discourses and form counseling relationships in their first counseling interviews.

### **Language and Professional Practices**

There is a growing body of research that recognizes the role of communication in understanding the community of practice (CoP) and professional norms in human service fields (Ruusuvoori, 2005, 2007; Tagliaventi & Mattarelli, 2006; Tay, 2011). Community of practice is a process of forming professional communities through socialization in a professional context. Members of a professional community establish their professional identity via practice and social interactions (Wenger, 1998). Specifically, one acquires professional norms, skills, and language through interactions with mentors, peers, and served populations (Parboosingh, 2002). Thus, it is fair to say that acquiring professional identity is a process of linguistic construction where an individual learns, negotiates, and develops practices, language use, and worldview from a profession within which one is situated.

Understanding the role of CoP helps us understand how counselors-in-training produce norms and styles of practice within the context of their initial sessions. A significant emphasis in counseling training and supervision is the importance of using relational skills, conducting assessment, expressing ethical responsibility, and attending to clients' cultures, identities, and social justice issues, particularly in the early stages of the counseling relationship (Corey, 2012; Young, 2013). Counselors-in-training may develop their professional identities while forming their personal style of practice based on the respective training mission and type of clients that they serve.

This study focuses on counselors-in-training for two primary reasons. First, the field of counseling has emphasized a relational, humanistic approach to counseling development in past decades (Hansen, 2005). Working alliance is found to be a crucial predictor of effective counseling outcomes (Horvath & Symonds, 1991), and therefore, an essential component of counselor training (Wickman & Campbell, 2003). However, little is known about how counselors-in-training develop working alliances through interactions with their clients in an

initial context. Second, a number of training entities that are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) utilize audio and/or video-recorded sessions as materials for clinical supervision. These recordings focus on counselors'-in-training conceptual skills, interventions, and personalization of their counseling works (Bernard & Goodyear, 2014). This training practice aligns with conversation analysis's focus on investigating discursive practices through primary interactive data sources (Goodwin, 1994). Thus, the professional context provides an appropriate rationale for researchers to investigate initial counseling processes by focusing on counselors-in-training's sessions.

### **Conversation Analysis**

Conversation Analysis (CA) focuses on how social interactions reflect speakers' management, productions, and performances of identities and social discourses (Strong, 2003). The current study employed CA as a primary epistemological inquiry due to its emphasis on the investigation of the process of interactions. This emphasis is well suited for empirically based research that targets counseling processes, given the highly relevant focus on the production of practice and professional discourse. In addition, CA's emphasis on fine-grained details of talk and interaction offers a data-driven approach. Hence, this approach furthers our understanding of not only *what* happened in initial counseling processes, but also *how* it sequentially unfolded (Sutherland & Strong, 2011). Taken together, focusing on talk and interactions between counselors-in-training and clients, this study provides empirical evidence as to how counseling norms and practices are formed, maintained, and revised in an initial interaction. In addition, this study provides examples of individual counselors-in-training implementing their learned knowledge and skills while developing personal styles of practices in an initial phase of counseling.

### **Research Questions**

This study uses a CA lens through which to explore descriptive characteristics of talk and interactions in initial sessions conducted by counselors-in-training. Through an analysis of how conversations are initiated and how talk and interactions are co-constructed, this study poses three overarching research questions that guide the inquiry. First, how are the conversations between counselors-in-training and clients developed and maintained in their initial encounters? Second, how are therapeutic discourses developed in initial sessions? Third, how do co-constructed interactions produce further disclosures and relational dynamics?

### **Method**

#### **Participants**

The researchers selected ten CACREP accredited counseling programs from New York and Pennsylvania from which to recruit counselors-in-training. Only post practicum counselors-in-training who had experience conducting initial interviews were included in the study. Once counselors-in-training volunteered to participate, the researchers contacted the treatment facilities where these counselors-in-training were practicing to secure consent from those entities. With seven months of recruitment and data collection, a total of eight eligible participants from three counseling programs and three treatment facilities agreed to participate in this study. The eight participants included three counselors-in-training and five clients (see Table

1). The three counselors-in-training included two master’s level interns and one doctoral intern. The five client participants included three clients who sought counseling in two addiction clinics, and two clients who sought general counseling services. All five clients had their first sessions with the counselors-in-training at the time of the data collection.

**Procedures**

Although digitally recording a counseling session for training and supervision is a common practice in CACREP accredited programs (Rousmaniere & Renfro-Michel, 2016), the researchers were careful to employ ethical practices during data collection. First, this study involved two levels of approvals from the Institutional Review Boards (IRB), including the researchers’ institution and counselors-in-training’s institutions. While a majority of the treatment facilities did not have an IRB, the researchers obtained two levels of consents (i.e., the consents from both the counselors-in-training and the clients) prior to the data collection. The researchers had no personal or professional knowledge about the participants prior to the data collection. The only information obtained prior to data collection was information regarding the training stage of the counselors, age range of the client populations (i.e., above 18 years old), and the treatment setting of the initial interviews. Clients were recruited, and consents were obtained at the treatment facility before the initial sessions. Finally, all participants could elect to be audio-recorded and/or video-recorded. A total of five initial sessions were digitally recorded from the eight participants. The total time of the initial sessions for this study was 237 minutes, with a total of 172 pages of transcriptions. Table 1 provides a summary of the session data:

Table 1  
*Summary of the Data from Five Initial Sessions*

Session	S1: C1P1	S2: C2P2	S3: C2P3	S4: C3P4	S5: C3P5
Training level	C1: doctoral level	C2: master’s level	--	C3: master’s level	--
Setting	Addiction clinic A	General counseling	General counseling	Addiction clinic B	Addiction clinic B
Session duration	62 mins	41 mins	46 mins	35 mins	53 mins
Transcription pages	33	28	26	46	39

*Note.* S indicates “session.” C indicates “counselor-in-training” who conducted the session. P indicates “person” who sought counseling.

**Descriptions of the initial session data.**

Unlike typical social science research where researchers provide detailed information about sample characteristics, CA studies present sample characteristics that are relevant to the research questions (Schegloff, 1991). In addition, researchers include sample characteristics into data reporting and analysis only when they emerge from conversational data (Buttny, 2004; Schegloff, 1991; ten Have, 1990). Schegloff (1991) indicated that sample characteristics should be treated as being embedded in conversations and interactions in a single occurrence. For example, a speech occurrence produced by a person should be analyzed as a collection of the person’s whole identity because, depending on contexts or talk events, some identities may not be activated during a particular social interaction, while others may be pronounced in different

social settings. In this study, the counselors' training statuses and the context of the session are relevant information for initial sessions.

In addition, unlike traditional social science research where a large sample size is encouraged to optimize validity and statistical power, CA studies sometimes use case studies or portions of conversations from a single episode of interaction to illustrate analytical themes (ten Have, 1990). In other words, the credibility of the data in CA studies depends on the level of involvement between speakers, the contents and richness of the conversations, and the dynamics of the interactions, rather than numbers of participants or numbers of sessions (Schegloff, 1993). This methodological premise is consistent with counseling research that focused on language, discursive practices, and counseling processes (Kogan & Gale, 1997; O'Reilly, 2005; Strong & Zeman, 2010; Suddeath, Kerwin, & Dugger, 2017; Sutherland & Strong 2011; Tay, 2012; Wickman & Campbell, 2003).

### Data Analysis and Reporting

Using the previously described CA methodology for data analysis and reporting, the report of interactions first includes all speakers involved in the conversations (ten Have, 1990). In this study, conversations from both the counselors-in-training and the clients were reported to capture the process of interaction. Second, the researchers used the Jeffersonian transcription, a transcription method developed by Gail Jefferson (Sacks et al., 1974). The Jeffersonian transcription provides an orthographic review of the textual verbatim and noted elements of utterance, which demonstrates a sequential feature of talk and micro analytic interactions (Atkinson & Heritage, 1999). The transcription texts are displayed in Courier New font size 12, single space, with the line numbers correspond with the original transcriptions to show the timing and sequence of the interaction. Table 2 provides descriptions of symbols used in the Jeffersonian transcription:

Table 2

#### *Jeffersonian Transcription System*

Temporal and sequential relationships	
[ ]	Overlapping talk between speakers
=	Continence of utterance
(number)	Duration of silence during communication
(.)	A pause less than 0.2 second.
Speech delivery	
.	Falling or final intonation
?	Rising tone
,	Continuing intonation
:	Stretching of the sound
-	Hyphen indicates a cut-off or interruption
—	Underlying presents a stress
↓	Falling pitch
↑	Sharp rise of pitch
h	Laughter
.h	Letter h with a dot represents inhalation
\$	Smiley voice (i.e., laughing/chuckling talk)

(( ))

Non-verbatim events occur during talks (i.e. a cough or a telephone ring)

---

*Note.* Adapted from “Transcript Notation – Structures of Social Action: Studies in Conversation Analysis” by J. M. Atkinson and J. Heritage, 1999, *Aphasiology*, 13, p. 243-249.

The initial analysis involved line-by-line readings and coding of textual information that captured sequences, transition of topics, and talk features that characterized turn taking, patterns, and lexicon usage (Peräkylä, 2008). Then, the analysis included a detailed review of interactions and conversations that captured the significance of interactions between counselors-in-training and clients, signs and marks of relationships, and co-construction of talk and actions. The researchers paid attention to the way talk was demonstrated in the interaction and its turn sequence because talk-in-interaction showed how a discourse was connected to the previous turn, how meanings were procured among participants (Kogan & Gale, 1997), and how speakers co-constructed such a process. To avoid any preconceived notion of membership knowledge in the coding process, the researchers focused on what was said and done, and how the talk was accomplished during interactions before determining the meanings of the conversations based on the context of the sessions (Schegloff, 1991).

### **Validity in Discourse and Conversation Analytic Research**

To ensure the confirmability of the study, the analytic process involved scrutinizing, revising, observing, and tracking back and forth between the recordings and transcriptions to find analytical evidence of descriptive claims. Explicit interpretations were based on the detail of interactions, resource of knowledge, elaboration, and continuing analysis in comparison with other instances (Peräkylä, 2008). In addition, the researchers shared excerpts of transcriptions and the preliminary findings with the experts to capture any discrepancies and nuances of interactions within the data (Hays & Wood, 2011; Hoffman, 2010). Expert A is a researcher who primarily studies face-to-face communication between health care providers and their clients in communication and rhetorical studies. Expert B is a clinical director and faculty member at a university-affiliated hospital. Expert B provides extensive supervision, training, and education regarding therapeutic relationships in mental health counseling and medicine to both counselors-in-training and medical residents. Interpretations and meaning production were grounded based on critical investigations of the content of talk and how talk and interaction functioned in the context of the initial sessions. Upon the completion of the steps of analysis, the researchers compiled all themes and selected examples for the report of the result. Examples that are most relevant to answer the research questions, while capturing dynamic interactions were selected for report (Potter, 1996).

### **Results**

Four conversational themes, with more than 60 conversational examples, emerged in the data in response to the three questions. The four themes are (a) casual interactions; (b) direct invitations; (c) recapitulations; and (d) repairs. Casual interactions that occurred in initial sessions signify relational discourses during intake tasks, which enhanced session smoothness and the flow of the interaction. Direct invitations and recapitulations between speakers are direct evidences of relational utterances concerning session depth as they illustrate jointly constructed counseling narratives and a synchronicity of speakers' involvement in the topics. Repairs



occurred when counselors-in-training and clients engaged in a more in-depth conversation while the session progressed. The report of the themes is organized based on the three research questions, which is in alignment with the sequence of interactions.

### Casual Interactions

Analysis of the five initial counseling sessions indicated that history-taking during the assessment phase appeared to be a routine and mundane task, as displayed by mechanical question-and-answer formats in the beginning stage of assessment. However, evidence of relational discourses that enhanced session smoothness were found in this process. For example, counselors-in-training used the pronoun “we” during questions and answers, signifying a collaborative approach to the intake task. In addition, relational language was reflected through casual interactions, which appeared with two forms, small talk and humor. Small talk in the context of initial clinical sessions appeared to function as an “intermission” during mundane therapeutic tasks while providing an additional platform for clients’ narratives. Humor appeared to convey counselors-in-training’s understanding of clients’ presenting issues while helping clients relieve anxiety in the process of disclosure. Two representative examples were selected to show the processes and the functions of casual interactions. The first excerpt illustrates small talk that occurred during psychosocial evaluation between C2 (counselor) and P2 (client):

338 C2: it’s supposed to be turning around for us with the  
339 weather.  
340 P2: I don’t believe it.  
341 C2: yeah I know I don’t believe it until I see it either.  
342 P2: we’ll have like one seventy three degree day and then  
343 it snows. yeah (.) but eventually. maybe I’ll also be  
344 a cyclist again.  
345 C2: u:m (.) I’m going to ask you about just some current  
symptoms.

A co-constructed history-taking process occurred in this episode of interaction. In the midst of history-taking, the topic of weather was first introduced by C2, as it appeared in the previous turns (line 338). Later, the topic was elaborated on by P2 (line 342 to 344). Note that as soon as the topic of weather was in transition to the topic of hobbies (line 344), a filler, “u:m” (line 345) was introduced by C2, which functioned as a signal of topic transition back to the routine history-taking.

Humor was another form of casual interaction that appeared in the data. Analysis showed that humor may have been used to convey understanding and acceptance when clients revealed their presenting issues and vulnerability in the context of initial sessions. The laughter that occurs during questions and answers regarding symptoms may help to relieve anxiety and the intensity of the topic for both the counselor-in-training and client. One representative example by C2 and P3 is used to display such humorous interaction. Earlier in the session, P3 indicated her feeling of unease and guilt regarding her marital issues. Later during a review of symptoms checklist, guilt emerged again in the conversation:

653 C2: guilt  
654 (1)  
655 P3: ((hhh.))  
656 C2: \$I’m going to go with yes on that one based on the

657 face you just made\$ ((hhh.))

A co-constructed humorous interaction appeared in the sequence of assessment. Initially, C2 was reviewing a symptom checklist, and the issue of “guilt” was raised (line 653). Then, a second-long silence occurred, followed by P3’s laughter. P3’s gallows laugh produced C2’s casual response. Instead of displaying formal therapeutic language such as providing reflective statements or exploring P3’s emotions, C2 produced humorous responses through both verbal and nonverbal expressions (line 656–657). This may indicate a shared emotion between the two, along with C2’s understanding and acceptance of P3’s presenting issues.

Small talk functions as an “intermission” in the mundane and mechanical intake process. While talking about presenting issues during an intake session is an emotionally and socially vulnerable experience, humor in such process may alleviate the intensity of the topic while helping counselors-in-training convey acceptance and understanding of the difficult issues that the client is facing.

### **Direct Invitations**

Direct invitation indicates a sign of a formed relationship, which appears to be a precursor of recapitulation that displays an alignment with counseling discourse. Analysis indicated that direct invitations followed by recapitulations occurred during the process of clients’ disclosures. In addition, both counselors-in-training and clients presented a relatively dynamic and personalized interaction. Counselors-in-training seemed to move beyond task completion or simply performing counseling techniques. Similarly, clients in this process seemed to move beyond being a passive participant in counseling processes; rather, they actively engaged in the exploration of a topic presented in the processes.

First, the process of disclosure tended to begin with counselors-in-trainings’ direct invitations of clients’ narrations across the five sessions, despite variations in counseling styles found among counselors-in-training. Direct invitation of disclosure displays a forthcoming and inviting language. Such language also contains validations and empathic statements. Furthermore, initiations of direct invitations by the counselors-in-training seemed to align with the progression of the relationships. Direct invitation could begin with relational and validating language that helps prepare clients for further elaborating on presenting issues. The first example is from the session between C2 and P3:

98 C2: you can start wherever - wherever you feel comfortable  
99 or wherever makes sense.

In this interaction, P3 struggled to talk about her marital issues. Then, C2 provided a direct invitation of P3’s disclosure: “you can start wherever.” This direct invitation appeared to be a precursor of the subsequent validations, “wherever you feel comfortable or wherever makes sense,” indicating the juxtaposition of relational discourse and the progression of session depth.

Direct invitation was also displayed through empathic statements. Specific relational descriptors such as reflection on the process of disclosure, as opposed to the content of the disclosure, produced clients’ decision to provide further elaborations on the presenting issues. The following excerpt between C3 and P5 showed an example of directiveness. Here, C3 offered

his observation on P5's facial expression regarding P5's affective display. The process of P5's disclosure, as opposed to the content of the disclosure, appeared to be C3's focus:

177 C3: = you kind of talk about it like (.) for you (.) I  
178 look at your face when you tell the story and it is  
179 kinda - you seem a little fl:at about it↑ (.) at the  
180 same time in your voice I can hear this undertone of  
181 guilt. it seems like almost (.) you have almost tried  
182 to separate yourself from the guilt a little bit just as a  
way to function.  
183 P5: I - I'm telling you (.) I think (.) cause I have done  
184 so:me (0.3) messed up things

P5's decision to provide additional narratives regarding his issues of addiction seemed to occur through a sequence of relational descriptors introduced by C3. First, instead of engaging in content discussion, C3 shifted the focus to his observation of P5's facial expression (line 178–179) and his perceived meaning of P5's tone of voice (line 180–181). Then, C3 paired the two observations together and provided his therapeutic interpretation, in particular, that P5's guilt and deflection served as a way to live through the addiction (line 181–182). The relational descriptor that conveyed the trainee's attention to the client's affect occurred during the client's disclosure. In addition, it directed the client to explore deeper affects and memories associated with the presenting issues.

### Recapitulations

Recapitulation is the repetition and recurrence of words, phrases, and stories disclosed by speakers at a previous or present time. This study found that recapitulation was used to get into the therapeutic agendas or introduce the therapeutic interventions during initial sessions. It was also a linguistic device being used to develop counseling discourses created between counselors-in-training and clients. Two features of recapitulation were found: shared lexicons and echoing. Shared lexicons appeared as a sign of shared therapeutic agendas, and echoing refers to the phrases and words said by the other speaker to highlight the significance of the statement. Both features indicated a synchronicity of speakers' involvement of the topics. An example of a shared lexicon that demonstrates a confirmed therapeutic goal can be found in the sessions of C3P4. In this process, C3 provided a statement that implied potential change, where a said phrase was later picked up by P4:

61 C3: um hm (.) that seems like something when you look back  
62 on it (.) it was kind of like (1) there- there's a  
63 little bit of you wish you did mo:re↑  
64 P4: yeah  
65 C3: but in a sense you really haven't - didn't have [the  
66 opportunity] -  
67 P4: [ I  
68 wish ] y:eah (.) I wish I would have taken it  
69 more seriously and got a handle on it at an (.) earlier  
age.

A shared lexicon regarding P4's wish to change was displayed after a sequence of reflective statements. First, C3 provided a reflection regarding P4's motivation for sobriety (line 61–63). In this reflection, C3 speculated that P4 may have wished to engage in his recovery even

before this recent relapse (line 63). Note that a rising tone occurred in the word “more” (line 63), indicated by a marker signifying P4’s motivation to change. Initially, P4 simply agreed without elaboration (line 64). After C3 further reflected on how P4’s experience was due to his psychosocial circumstances (line 65–66), however, P4 immediately produced an instance of overlapped talk with a repetition of C3’s word and an elaboration of his perspectives on recovery. In this overlapping episode (line 65 and 68), P4 appeared to share the therapeutic agenda of recovery and took the ownership of it even though it was first introduced by C3.

Recapitulation can also be displayed through echoing. Borrowing words from the speaker during a conversation not only reflects the importance of a subject, but it can also highlight a shared interest or perspective on the subject. The process of echoing occurred between C3 and P4 regarding a discussion of a critical life incident:

1334 P4: yeah. you know I was kind of upset. I went upstairs  
1335 it’s almost like I got teary eyed but like I had to  
1336 force myself to cry almost. it was just weird -weird -  
1337 C3: weird - probably - it sounds like a really weird  
1338 experience.  
1339 P4: yeah.  
1340 C3: you get this horrible ne:ws -  
1341 P4: horrible, horrible news. Like the worst news I’ve ever  
1342 heard in my entire life you know and I’m just kind of  
1343 like damn. I go in the ro:om and I got teary eyed a  
1344 little bit wasn’t- I wasn’t like bawling like a baby.  
1345 you know what I mean -

As can be seen, shared knowledge and affective understanding about the impact of the critical incident was displayed through echoing and turn taking. In the first turn, C3 echoed P4’s “weird” emotional experience after P4 shared the details of witnessing an incident of death (line 1337). Note that the word “weird” is repeated twice by P4 and echoed by C3 with a highlight on its significance (line 1336-1337). In the second turn, C3 reflected P4’s experience with the comment, “you get this horrible ne:ws” (line 1340). The word “horrible” was picked up and repeated by P4 before his subsequent narration (line 1342–1345).

## Repairs

The fourth unique counseling discourse found in initial sessions in this sample is repair. Repair often occurred in a context when counselors-in-training and clients engaged in a more in-depth conversation while the session progressed. Under this circumstance, counselors-in-training may proceed in a counseling direction that does not align with clients’ expectations. This process often created potential tensions and anxieties for the dyad. It may also breach an established rapport. The negotiation between such proceedings while managing relationships signifies the challenges. When such tension was displayed, repair helped reestablish the relationship and therapeutic agenda.

An example was selected to illustrate the process of repair. In the initial counseling session between C2 and P2, C2 picked up on P2’s disclosure regarding “shitty” things that he has done. C2 intended to explore this further with P2’s disclosure. Repair occurred as a result of P2’s comment toward C2’s request:

666 C2: so you said act shitty- like what's the shittiest  
667 thing you've done or you - the shittiest way you've  
668 acted (.) to?  
669 P2: that's (.) a hu:ge question for the first time.  
670 ((chuckles))  
671 C2: oh ok (0.9) let's scale it back -  
672 P2: = no that's okay. u:m  
673 C2: = so what's the - ok. so what's a smaller example of  
something.  
674 P2: I can - I can do the shittiest one.

P2's response, "that's (.) a hu:ge question for the first time," directly challenged C2's request (line 669). "let's scale it back" (line 671) and "what's a smaller example of something" (line 673) were repair strategies that intended to re-establish the direction of conversation based on P2's reaction. After the rise and the fall of this tension, P2 changed his discursive position and decided to go back to the previous direction, as shown in line 674, "I can do the shittiest one," which was, consequently, the main reason that brought P2 to counseling.

The above example illustrated how repair strategies were used when potential tension and anxiety arose as the result of a more in-depth conversation between counselors-in-training and clients. In this process, repair helped speakers reestablish the relationship and negotiate therapeutic directions.

### **Discussion**

Four conversational themes, casual interactions, direct invitations, recapitulations, and repairs emerged in the data in response to the three research questions. Overall, the result of the study indicated that an initial counseling encounter involves a variety of institutional, interpersonal, and social interactions rather than a completion of routine intake. This was evident through counselors-in-training's demonstration of discursive practice that manage a variety of unexpected circumstances initiated by their clients. The discussion is based on the synthesis of the results concerning initial sessions.

A salient theme found in the process of session formation was casual interactions. Theoretically, interactions that occurred in institutions are often restricted to the relevance of professional practices. While participants intend to "turn to business" in various social interactions in institutions, casual interactions inevitably emerge and often encompass a vast array of social rules and practices (Heritage & Clayman, 2010). Casual conversations that occurred during initial assessment also reflect the concept of a real relationship as suggested by Gelso and Carter (1994). Specifically, casual interactions may facilitate more facets of interactions between speakers, which may result in a more effective communication (Walsh, 2007). Counselors-in-training in this sample formed, shaped, and reshaped the clinical interactions through switching between casual conversations and institutional tasks such as history-taking and assessment in a single episode of interaction. Casual interactions reflected a relatively rapport-focused, relational, and accommodating style of practice. It is relational and collegial because both counselors-in-training and clients contributed to the interactions without further questions or clarification of intentions. In addition, casual interactions during the

therapeutic tasks appeared to create an “intermission” or a “temporal break” from the ongoing mundane tasks and agendas.

Another unique phenomenon found in this study was humor in the context of initial clinical encounters. Humor is an interesting talk feature because it is highly contextual and idiosyncratic. Mismatch of humor styles and misinterpretation can create misunderstandings (Brône, 2008), which could be a risky strategy in an initial encounter because the uncertainty of the relationship and unfamiliarity of interpersonal styles is present. In addition, humor is not a typical curriculum in the training of human service professions, as it is a theme that primarily exists in casual interactions (Norrick, 1993). In the field of counseling, the discussion regarding using humor as a counseling technique seems to be limited to certain theoretical orientations such as choice theory and reality therapy (Corey, 2012). However, the analysis showed that humor, such as gallows humor and gallows laugh, was used to convey understanding and acknowledgment of presenting issues. In addition, it may relieve potential anxiety and the intensity of the topic (Buttny, 2001). Accordingly, humor seemed to be used for disarming resistance or to relieve anxiety. This function is particularly salient for creating session smoothness in an initial encounter, as both clinicians and clients are in the process of building a relationship while completing therapeutic tasks (Kokotovic & Tracey, 1990).

A theme found in the process of clients’ disclosures was relational utterances, which included direct invitations and recapitulations. The relational utterances found in this study support several previous studies on jointly constructed therapeutic discourses in psychotherapeutic processes (Buttny, 1996; Ferrara, 1994). This theme contains three features. First, a relational dynamic was revealed through jointly constructed speech such as the use of a collective pronoun and overlapping talk. Secondly, counselors-in-training’s direct invitations indicated a therapeutic assertion and a level of confidence to explore clients’ narratives. Thirdly, recapitulation is the repetition and recurrence of words, phrases, and stories disclosed by speakers at a previous or present time. This study found that recapitulation, in particular, supports previous discussions concerning the therapeutic function of repetition, specifically echoing and mirroring in psychotherapeutic conversations (Ferrara, 1994). While echoing signifies a sequential repetition including clients repeating therapists’ words, mirroring indicates a partial repetition by the therapist of a client’s statement. The acts of echoing and mirroring indicate a stronger mutual understanding than brief utterances such as “yes,” “yeah,” or “exactly.” Two additional insights were gained from the current study and not addressed in Ferrara’s (1994) research. First, within the context of the initial session, echoing and shared lexicons reflect speakers’ mutual involvement in the depth of the conversations. Second, echoing and shared lexicons can be used to highlight counseling goals in an initial session, which can promote continuing treatment with a favorable outcome.

Conventional practices during initial sessions often emphasize assessment, diagnosis, and rapport building; conceptual and process skills that attend to disclosures of adverse life events and trauma receive modest attention in training (Black, 2006; Hodas, 2006). In some cases, solely operating the relational aspects of practice without advancing therapeutic directions or providing necessary interventions is referred to as problematic “nice counselor syndrome” (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008, p. 314) where changes and “rocking the boat” are minimized in therapeutic processes (Fink, 2011). This study supports that maintaining

therapeutic relationships and conducting in-depth discussions, insight building, and immediacy are not mutually exclusive in the context of the initial session. In fact, it could result in a client's further engagement of insights, health practice, and wellness.

Challenging interaction is perhaps one of the most uncomfortable relational dynamics in clinical encounters (Sommerfeld, Orbach, Zim, & Mikulincer, 2008). The context of the initial encounter adds an extra layer of vulnerability. A unique theme of challenging interaction found in this study is that counselors-in-training used repair as a strategy to relieve tension and negotiate therapeutic direction in such a circumstance. When tension was displayed during an interaction, repair helped reestablish the relationship and therapeutic agenda. Previous studies on the discourse of repair in conversations supported that repair occurred more frequently in task-oriented dialogues than in ordinary interactions. In addition, repair is an integrated, cross-turn and cross-person system that maintains the mutual-intelligibility of dialogue (Colman & Healey, 2011). The repair in this study occurred in a context of task-oriented dialogues, as counselors-in-training were in the process of exploring clients' narratives. In addition, both trainees and clients engaged in the process of repair, which indicated a cross-turn, cross-person system. However, the result in this study indicates that the relational aspect of repair was more salient during interactions than the goal of accomplishing a task; that is, both counselors-in-training and clients displayed a stepping back and joining position in the process of repair. Stepping back shows speakers' avoidance of presenting a direct therapeutic proposal. Joining indicates speakers' shared perspectives regarding the previously proposed interventions.

### **Limitations**

This study has three areas of limitation related to data collection and analysis. First, due to the rigorous inclusion criteria, the researchers encountered challenges in recruiting diverse volunteer institutions and counselors-in-training over the seven months of data collection. Even though digitally recording a counseling session for training and supervision is a common practice in the field, various institutional and individual constraints presented. Concerns to participation in this study often related to institutions' limitation of recording a counseling session for research purposes, confidentiality of educational data, protection of health information, and potential complication on the therapeutic dynamic due to additional request of research participation in the context of the initial session. Some other individual constraints include reluctance of being digitally recorded and scrutinized by the counselors-in-training from their initial sessions, scheduling issues, trainees' full caseloads and pending status of receiving new clients at the time of the field placement. The above circumstances bring up the second limitation concerning transferability of the study. Although efforts were made to strengthen transferability of the study during recruitment and data collection (Smith, 2008), some data from an institution were limited to sessions conducted by one trainee. Due to the rigorous inclusion criteria, it is reasonable to say that counselors-in-training who volunteered for this study could have had a high level of familiarity and competence to conduct initial sessions prior to the research participation. Finally, while visual elements of interactions often provide additional details that are not always available from audio data, a majority of the transcriptions and data analysis in this study were based only on the audio components of conversations because participants only consented to be audio-taped.

## **Implications**

### **Clinical Practice**

As the data and analysis indicated, assessment and history-taking are typical routines in initial counseling sessions. While assessment may be the focus of an initial encounter, the analytic themes from this study support that initial sessions are a microcosm of the entire therapeutic course; specifically, assessments, disclosures, and the impact of the therapeutic relationship on changes, interventions, and closure could simultaneously occur in a single episode of encounter. Initial sessions that attend to clients' disclosures, in-depth conversations on salient subjects, as well as therapeutic relationships have significance regarding changes and subsequent therapeutic interactions. Although a focused assessment is necessary in cases of time-limited appointments, the result of this study indicates that an integration of a person-centered and relational approach that attends to clients' interpersonal narratives is necessary. This integration requires a diverse method of inquiry in an initial session, which include both standardized intake protocols and a narrative approach that allows more discursive data to emerge in the process of trouble telling (Timm, 2015).

### **Training and Clinical Supervision**

Given the findings, this study supports that training topics related to initial sessions could include the themes that are salient in the context of an initial counseling process but are under-discussed in the current literature. Some of these aspects include: (a) function of casual interactions; (b) the process of disclosure; (c) co-constructed counseling discourses; and (d) repair. These themes should be given both supervisory and educational attention in counselor education as they seem to bring more dimensionality to the initial session interactions.

In addition, the focus on the details of talk and the process of interactions may inform clinical supervisors in how to effectively assist counseling supervisees in developing a personal style of practice. For example, some idiosyncratic practices such as small talk, humor, and repair are needed to further connect to the counselor-in-training's therapeutic intentions, personal style, identity, and creativity.

### **Future Research**

Analysis of talk-in-interaction provides key access for researchers to explore a fundamental source of the counseling process, specifically, how counselors and clients manage, structure, and develop various moments of interaction and relationships through language. Two implications concerning studies of initial sessions are proposed. First, future research regarding the process and impact of initial sessions should consider including subsequent sessions' data. Second, diverse pools of data across institutions, levels of experiences (i.e., seasoned counselors), as well as diverse types of data, such as the visual elements of a session, counselors' self-evaluations of the sessions, and clients' responses of the sessions could provide a more comprehensive picture of how a counseling discourse is developed and used in an interaction.

## **Conclusion**

This study investigated the processes of talk and interactions in initial mental health counseling sessions conducted by counselors-in-training. The naturally occurring data provides



direct evidences that illustrate the formation of the initial session, the development of counseling relationships, and process of clients' disclosure in a sequence of interactions. The results provide additional insights concerning initial counseling processes, which is under discovered in the field. Conversation analysis enriches methodological repertoires for counseling research that focuses on counseling interactions; it provides a comprehensive analytic frame for investigating discursive practices. Future studies related to working alliances and therapeutic processes could be benefited from using conversation analysis to examine counseling processes in a variety of counseling contexts.

### References

- Alegria, M., Nakash, O., Lapatin, S., Oddo, V., Gao, S., Lin, J., & Normand, S. L. (2008). How missing information in diagnosis can lead to disparities in the clinical encounter. *Journal of Public Health Management and Practice, 14*, S26-35. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677445/>
- Atkinson, J. M., & Heritage, J. (1999). Transcript notation – Structures of social action: Studies in conversation analysis. *Aphasiology, 13*(4-5), 243-249. Retrieved from <https://doi.org/10.1080/026870399402073>
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Needham Heights, MA: Allyn & Bacon.
- Black, T. G. (2006). Teaching trauma without traumatizing: Principles of trauma treatment in the training of graduate counselors. *Traumatology, 12*(4), 266-271. Retrieved from <http://dx.doi.org/10.1177/1534765606297816>
- Brône, G. (2008). Hyper-and misunderstanding in interactional humor. *Journal of Pragmatics, 40*(12), 2027-2061. Retrieved from <https://doi.org/10.1016/j.pragma.2008.04.011>
- Budman, S. H., Hoyt, M. F., & Friedman, S. (1992). *The first session in brief therapy*. New York, NY: Guilford Press.
- Buttny, R., & Jensen, A.D. (1995). Telling problems in an initial family therapy session: The hierarchical organization of problem-talk. In G.H. Morris & R.J. Chenail (Eds.), *The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse* (pp. 19-48). Hillsdale, NJ: Lawrence Erlbaum.
- Buttny, R. (1996). Clients' and therapist's joint construction of the clients' problems. *Research on Language and Social Interaction, 29*(2), 125-153. Retrieved from [https://doi.org/10.1207/s15327973rlsi2902\\_2](https://doi.org/10.1207/s15327973rlsi2902_2)
- Buttny, R. (2001). Therapeutic humor in retelling the clients' tellings. *Text, 21*(3), 303-326. Retrieved from <https://doi.org/10.1515/text.2001.002>
- Buttny, R. (2004). *Talking problems: Studies of discursive construction*. Albany, NY: State University of New York Press.
- Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training, 43*(3), 271-279. Retrieved from <http://dx.doi.org/10.1037/0033-3204.43.3.271>

- Chung, R. C., Bemak, F., Ortiz, D. P., & Sandoval-Perez, P. A. (2008). Promoting the mental health of immigrants: A multicultural/social justice perspective. *Journal of Counseling and Development: JCD*, 86(3), 310-317. Retrieved from <https://doi.org/10.1002/j.1556-6678.2008.tb00514.x>
- Colman, M., & Healey, P. G. (2011). The distribution of repair in dialogue. *Proceedings of the 33rd Annual Meeting of the Cognitive Science Society*, 1563-1568. Retrieved from <https://escholarship.org/uc/item/7zd514km>
- Corey, G. (2012). *Theory and practice of counseling and psychotherapy*. Belmont, CA: Cengage Learning.
- DeGood, D. E. (1983). Reducing medical patients' reluctance to participate in psychological therapies: The initial session. *Professional Psychology: Research and Practice*, 14(5), 570-579. Retrieved from <http://dx.doi.org/10.1037/0735-7028.14.5.570>
- Easter, D. W., & Beach, W. (2004). Competent patient care is dependent upon attending to empathic opportunities presented during interview sessions. *Current Surgery*, 61(3), 313-318. Retrieved from <https://doi.org/10.1016/j.cursur.2003.12.006>
- Esogbue, A. O., & Elder, R. C. (1979). Fuzzy sets and the modelling of physician decision processes, part I: The initial interview-information gathering session. *Fuzzy Sets and Systems*, 2(4), 279-291. Retrieved from [https://doi.org/10.1016/0165-0114\(79\)90002-2](https://doi.org/10.1016/0165-0114(79)90002-2)
- Ferrara, K. (1994). *Therapeutic ways with words*. New York, NY: Oxford University Press.
- Fink, B. (2011). *Fundamentals of psychoanalytic technique: A Lacanian approach for practitioners*. New York, NY: WW Norton & Company.
- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology*, 41(3), 296-306. Retrieved from <http://dx.doi.org/10.1037/0022-0167.41.3.296>
- Goodwin, C. (1994). Professional vision. *American Anthropologist*, 96(3), 606-633. Retrieved from <https://doi.org/10.1525/aa.1994.96.3.02a00100>
- Greenberg, M. A., & Stone, A. A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 63(1), 75-84. Retrieved from <http://psycnet.apa.org/buy/1992-39142-001>
- Hansen, J. T. (2005). The devaluation of inner subjective experiences by the counseling profession: A plea to reclaim the essence of the profession. *Journal of Counseling & Development*, 83(4), 406-415. Retrieved from <https://doi.org/10.1002/j.1556-6678.2005.tb00362.x>
- Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development*, 89(3), 288-295. Retrieved from <https://doi.org/10.1002/j.1556-6678.2011.tb00091.x>
- Heritage, J., & Clayman, S. (2010). *Talk in action: Interactions, identities, and institutions*. Hoboken, New Jersey: Wiley-Blackwell.

- Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. *Pennsylvania Office of Mental Health and Substance Abuse Services*, 1-77.
- Hoffman, R. M. (2010). Editorial: Trustworthiness, credibility, and soundness: A vision for research in the journal of mental health counseling. *Journal of Mental Health Counseling*, 32(4), 283-287. Retrieved from <https://doi.org/10.17744/mehc.32.4.1147q4w7j26j3422>
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139.
- Katon, W., & Kleinman, A. (1981). Doctor-patient negotiation and other social science strategies in patient care. *The Relevance of Social Science for Medicine*, 253-279. Retrieved from <http://psycnet.apa.org/doi/10.1037/0022-0167.38.2.139>
- Kogan, S. M., & Gale, J. E. (1997). Decentering therapy: Textual analysis of a narrative therapy session. *Family process*, 36(2), 101-126. Retrieved from <https://doi.org/10.1111/j.1545-5300.1997.00101.x>
- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology*, 37(1), 16.
- Kress, V. E., & Paylo, M. J. (2014). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Columbus, OH: Pearson.
- Nakash, O., Nagar, M., & Kanat-Maymon, Y. (2015). "What should we talk about?" The association between the information exchanged during the mental health intake and the quality of the working alliance. *Journal of Counseling Psychology*, 62(3), 514-520. Retrieved from <http://psycnet.apa.org/doi/10.1037/cou0000074>
- Neukrug, E., & Schwitzer, A. M. (2006). *Skills and tools for today's counselors and psychotherapists: From natural helping to professional counseling*. Belmont, CA: Thomson/Brooks/Cole.
- Norrick, N. R. (1993). *Conversational joking: Humor in everyday talk*. Bloomington, IN: Indiana University Press.
- Odell, M., & Quinn, W. H. (1998). Therapist and client behaviors in the first interview: Effects on session impact and treatment duration. *Journal of Marital and Family Therapy*, 24(3), 369-388. Retrieved from <https://doi.org/10.1111/j.1752-0606.1998.tb01091.x>
- O'Reilly, M. (2005). The complaining client and the troubled therapist: A discursive investigation of family therapy. *Journal of Family Therapy*, 27(4), 370-391. Retrieved from <https://doi.org/10.1111/j.1467-6427.2005.0328.x>
- Parboosingh, J. T. (2002). Physician communities of practice: Where learning and practice are inseparable. *Journal of Continuing Education in the Health Professions*, 22(4), 230-236. Retrieved from <https://doi.org/10.1002/chp.1340220407>
- Peräkylä, A. (2008). Analyzing talk and text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials*. (pp. 351-374). Thousand Oaks, CA: Sage Publications.

- Potter, J. (1996). Discourse analysis and constructionist approaches: Theoretical background. In J.T.E. Richardson (Ed), *Handbook of qualitative research methods for psychology and the social sciences*. (PP. 125-140). Leicester, England: BPS Books.
- Rahman, A. (2000). Initial assessment of communication skills of intern doctors in history-taking. *Medical Teacher*, 22(2), 184-188. Retrieved from <https://doi.org/10.1080/01421590078634>
- Rousmaniere, T., & Renfro-Michel, E. (Eds.). (2016). *Using technology to enhance clinical supervision*. Hoboken, NJ: John Wiley & Sons.
- Ruusuvuori, J. (2005). "Empathy" and "sympathy" in action: Attending to patients' troubles in Finnish homeopathic and general practice consultations. *Social Psychology Quarterly*, 68(3), 204-222. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/019027250506800302>
- Ruusuvuori, J. (2007). Managing affect: Integration of empathy and problem-solving in health care encounters. *Discourse Studies*, 9(5), 597-622. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/1461445607081269>
- Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation. *Language*, 50(4), 696-735. Retrieved from <https://doi.org/10.1016/B978-0-12-623550-0.50008-2>
- Saltzman, C., Luctgert, M., Roth, C., Creaser, J., & Howard, L. (1976). Formation of a therapeutic relationship: Experiences during the initial phase of psychotherapy as predictors of treatment duration and outcome. *Journal of Consulting and Clinical Psychology*, 44(4), 546-555. Retrieved from <http://dx.doi.org/10.1037/0022-006X.44.4.546>
- Schegloff, E. A. (1991). Reflections on talk and social structure. In D. Boden & D. Zimmerman (Eds.), *Talk and social structure* (pp. 44-70). Cambridge, England: Polity.
- Schegloff, E.A. (1993). Reflection on quantification in the study of conversation. *Research on Language and Social Interaction*, 26(1), 99-128. Retrieved from [https://doi.org/10.1207/s15327973rlsi2601\\_5](https://doi.org/10.1207/s15327973rlsi2601_5)
- Smith, J. (Ed.). (2008). *Qualitative psychology: A practical guide to research methods* (2nd ed.). Thousand Oaks, CA: SAGE.
- Sommerfeld, E., Orbach, I., Zim, S., & Mikulincer, M. (2008). An in-session exploration of ruptures in working alliance and their associations with clients' core conflictual relationship themes, alliance-related discourse, and clients' postsession evaluations. *Psychotherapy Research*, 18(4), 377-388. Retrieved from <https://doi.org/10.1080/10503300701675873>
- Strong, T. (2003). Engaging reflection: A training exercise using conversation and discourse analysis. *Counselor Education and Supervision*, 43(1), 65-77. Retrieved from <https://doi.org/10.1002/j.1556-6978.2003.tb01830.x>
- Strong, T., & Zeman, D. (2010). Dialogic considerations of confrontation as a counseling activity: An examination of Allen Ivey's use of confronting as a microskill. *Journal of*

- Counseling & Development*, 88(3), 332-339. Retrieved from <https://doi.org/10.1002/j.1556-6678.2010.tb00030.x>
- Suddeath, E. G., Kerwin, A. K., & Dugger, S. M. (2017). Narrative family therapy: Practical techniques for more effective work with couples and families. *Journal of Mental Health Counseling*, 39(2), 116-131. Retrieved from <https://doi.org/10.17744/mehc.39.2.03>
- Sutherland, O., & Strong, T. (2011). Therapeutic collaboration: A conversation analysis of constructionist therapy. *Journal of Family Therapy*, 33(3), 256-278. Retrieved from <https://doi.org/10.1111/j.1467-6427.2010.00500.x>
- Tagliaventi, M. R., & Mattarelli, E. (2006). The role of networks of practice, value sharing, and operational proximity in knowledge flows between professional groups. *Human Relations*, 59(3), 291-319. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/0018726706064175>
- Tay, D. (2011). Discourse markers as metaphor signaling devices in psychotherapeutic talk. *Language & Communication*, 31(4), 310-317. Retrieved from <https://doi.org/10.1016/j.langcom.2011.02.001>
- Tay, D. (2012). Applying the notion of metaphor types to enhance counseling protocols. *Journal of Counseling & Development*, 90(2), 142-149. Retrieved from <https://doi.org/10.1111/j.1556-6676.2012.00019.x>
- ten Have, P. (1990). Methodological issues in conversation Analysis. *Bulletin De Méthodologie Sociologique*, 27(1), 23-51. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/075910639002700102>
- Timm, M. (2015). Deconstructing pathology: A narrative view of the intake process. *Journal of Constructivist Psychology*, 28(4), 316-328. Retrieved from <https://doi.org/10.1080/10720537.2014.984884>
- Tryon, G. S. (1990). Session depth and smoothness in relation to the concept of engagement in counseling. *Journal of Counseling Psychology*, 37(3), 248-253.
- Walsh, I. P. (2007). Small talk is "big talk" in clinical discourse: Appreciating the value of conversation in SLP clinical interactions. *Topics in Language Disorders*, 27(1), 24-36. Retrieved from [https://journals.lww.com/topicsinlanguagedisorders/Abstract/2007/01000/Small\\_Talk\\_Is\\_\\_Big\\_Talk\\_\\_in\\_Clinical\\_Discourse\\_.4.aspx](https://journals.lww.com/topicsinlanguagedisorders/Abstract/2007/01000/Small_Talk_Is__Big_Talk__in_Clinical_Discourse_.4.aspx)
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. New York, NY: Cambridge University Press.
- Whitlock, E. P., Polen, M. R., Green, C. A., Orleans, T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. preventive services task force. *Annals of Internal Medicine*, 140(7), 557-568. Retrieved from <https://search.proquest.com/docview/222194615/fulltext/743DE4F42A2F4D8APQ/1?accountid=10610>

- Wickman, S. A., & Campbell, C. (2003). An analysis of how Carl Rogers enacted client-centered conversation with Gloria. *Journal of Counseling & Development, 81*(2), 178-184.  
Retrieved from <https://doi.org/10.1002/j.1556-6678.2003.tb00239.x>
- Young, M. E. (2013). *Learning the art of helping: Building blocks and techniques*. Upper Saddle River, NJ: Pearson
- Zisook, S., Hammond, R., Jaffe, K., & Gammon, E. (1978). Outpatient requests, initial sessions and attrition. *The International Journal of Psychiatry in Medicine, 9*(3), 339-350.  
Retrieved from <https://doi.org/10.2190/54N9-6A3P-L4EQ-VTP6>