Recognising children's involvement in child and family therapy sessions: A microanalysis of audiovisual recordings of actual practice

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Abstract

Children's right to involvement in practices that address their well-being is frequently highlighted, yet how children exercise involvement in face-to-face encounters has remained fairly unknown. To fulfil our aim of identifying, describing and defining children's involvement, we conducted an inductive microanalysis of face-to-face dialogue on audiovisual recordings of naturally occurring therapy sessions with children attending social services departments and mental health clinics. The resulting operationalisation generated six dimensions of children's involvement: participatory, directive, positional, emotional, agentive and narrative. By operationalising how children exercise involvement, we render the abstract concept more amenable to fine-grained analysis, systematic evaluation and criticism. The domains also offer tools to recognise children's involvement in practice. Lastly, the article discusses practical implications and presents a compass for orientation. Since many conversational elements in institutional talks are generic, the dimensions are potentially transferable to other settings, including school counselling, child protection investigation and clinical psychology. A high inter-analyst agreement, together with similar findings on utterance functions and interactional dominance in other types of dialogues, also enhance the dimensions' transferability.

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Introduction

Social workers and other practitioners of child and family therapy generally share an interest in children's involvement. Social workers are also encouraged to acknowledge children's right to involvement in all aspects that affect their lives (UNCRC, 1998; IFSW, 2018). Yet, what involvement means on an interactional level has remained relatively undefined (Juhila *et al.*, 2021, is a recent exception). When aspects of involvement are addressed from within the field of therapeutic practises, they tend to be tethered to specific approaches and are not easily available for all practitioners. Furthermore, the models that are commonly cited are neither very detailed, nor explicitly intended for therapeutic practises (e.g. Hart, 1992; Shier, 2001; Lundy, 2007). Accordingly, many social workers lack reliable and methodical ways to enhance involvement in their encounters with children. But first, social workers need to know how to recognise involvement, thereby knowing what to enhance.

In our inductive investigation, we use involvement as an open-ended starting point. It is a broad concept that is sometimes used interchangeably with, for instance, participation and consultation. Despite efforts to distinguish the terms, they are often used as if they were interchangeable.

Approaching children's involvement

Striving for children's involvement in social services and mental health care is both idealised and criticised (cf. Badham, 2004; Thomas, 2007; Mossberg, 2016; Dahlø Husby *et al.*, 2019). A study on children's involvement in alternative care and adoption stresses the importance of incorporating children's input on matters that concern their safety and protection (Garcia-Quiroga and Salvo Agoglia, 2020). The argument builds on research that links children's involvement with positive outcomes, as well as the fact that also 'vulnerable' children want to be heard (Merkel-Holguin *et al.*, 2020). A review of the effect of children's involvement in child protection and health services suggests that children's involvement improves children's safety and their feelings of wellbeing, as well as increases the success of care arrangements (Vis *et al.*, 2011). However, the same authors also argue that the positive effects might not be lasting. Research on therapeutic practices indicates that children's involvement correlates with positive treatment outcomes (Chu and Kendall, 2004). Yet, a more recent review of children's involvement in social work decision-making (a reoccurring element in therapeutic practices) reports negative experiences of involvement, suggesting messy and compromised practices (Gallagher *et al.*, 2012). Several scholars

argue that the procedure for achieving involvement runs top-down (e.g. Badham, 2004). Other scholars stress that involvement may place children, unjustly, in positions that make them behave like adults (Hart, 2007; Percy-Smith, 2007). Critical studies on what type of involvement practitioners prefer contribute to discussions of whose involvement is disqualified (e.g. Beresford, 2014). Such contradictory outcomes suggest that researchers may be studying different phenomena; that is, the field lacks clear definitions of what 'children's involvement' entails. The findings may also be read as a reminder of what Winter *et al.* (2017) points out, that social work encounters are complex: one approach does not fit all.

A comprehensive definition of involvement would ultimately encompass how to recognise it in social work encounters. For this study, we frame it as something children do in collaboration with practitioners. We use the term children, instead of clients or patients, to highlight that children are affected by the practices, and not only the roles they occupy in these settings (cf. Fausey and Boroditsky, 2010; Taylor, 2016). Nevertheless, research observations of social work encounters are particularly limited (Ferguson, 2016; Morrison, 2016; Winter *et al.*, 2017; Forrester *et al.*, 2019). Whilst impact evaluations and critical analyses of protocols and regulations contribute with important perspectives (e.g. Hood, 2016; Dahlø Husby *et al.*, 2019), they provide indirect evidence instead of elucidating the practices per se (cf. Ferguson, 2016; Winter *et al.*, 2017).

Observation to define aspects of practice

Observing what people do is not a straightforward practice. In person observation changes the phenomenon, thereby compromising the accuracy of the research (e.g. Labov, 1972). These risks are virtually eliminated when recording practice is routine, and such recordings are made available for analysis. Such recordings can be seen as evidence of naturally occurring practice, providing the means for researchers to have the privilege to observe social work practices repeatedly and without interfering with them. By using audiovisual recordings of naturally occurring interactions, one strives to achieve ecological validity, that is, make sense for practitioners and be transferable to real events (Cicourel, 1982). Naturally occurring audiovisual recordings of a practice is, to our knowledge, the closest a researcher can get to it.

Previous studies on audiovisual recordings of face-to-face dialogues demonstrate that what is regularly considered non-observable (e.g. meaning making and mutual understanding) is actually accomplished via

observable interactive behaviours (e.g. Bavelas *et al.*, 2017; De Jong *et al.*, 2020). Our focus on doing involvement aligns with this tradition and its findings.

Research aim

Against this backdrop and in the pursuit of providing empirically grounded research in child and family social work practice, this article sets out to meet the demand for observations of direct social work encounters. Specifically, the aim is to identify, describe and define observable aspects of children's involvement in naturally occurring audiovisual recordings of therapy sessions in child and family social work practice.

Data and analytic procedure

Data and participants

The data consist of seventeen naturally occurring audiovisual recordings of therapy sessions between social workers and children (aged ten to seventeen years), and sometimes their parent/s, attending social services departments and mental health clinics, from September 2019 to March 2021. The recordings are primarily of face-to-face therapy session. The one exception is a recording from a mediated face-to-face dialogue using video conference technology.

The duration of each recording ranges from approximately thirty to ninety minutes. Seventeen children, five parents and seven social workers participate in the recorded sessions. The recordings are of the first or second sessions of longer therapeutic processes, following cognitive behavioural therapy, eclectic therapy, narrative therapy, solution-focused therapy and systemic family therapy. By including recordings of the first or second session, analytical misinterpretations due to deictic references and accumulated common ground were minimised.

Data collection

K.E. contacted associations of therapeutic practices, individual social workers and workplaces where social workers record their sessions as part of their everyday routine. The research project was also announced on digital platforms for clinical social workers.

As sessions were routinely recorded, participating social workers had the opportunity to wait until after the session to invite the children to

participate in the study. The inclusion criteria were: the children could comprehend the purpose of the study, did not need interpreters, were seven to seventeen years old and were considered by the social workers to be eligible for participation. Since the sessions took place before the children were informed about the study (except for one occasion when the social worker informed the child in advance), it can be assumed that the children did not alter how or what they would otherwise express.

Method of analysis

The analytical procedure is in keeping with microanalysis of face-to-face dialogues, which is 'the detailed and replicable examination of any aspect of observable communicative behaviour as it occurs, moment by moment, in a face-to-face dialogue' (Bavelas *et al.*, 2016, pp. 129–130). This is primarily an inductive method focusing on conversational contributions and sequences in face-to-face encounters. Several papers illustrate the method's applicability in research with similar data-sets and objectives (Korman *et al.*, 2013; De Jong *et al.*, 2020). A fundamental assumption is that dialogues are something interlocutors achieve jointly (e.g. Bavelas *et al.*, 2014).

After viewing the sessions, K.E. proceeded the analysis with a stricter focus on stratified random samples, handpicked samples and sequences that participants (five children and seven social workers) had indicated during stimulated recall interviews. During this inductive phase, the analysis focused on what the children and their contributions did during the sessions. K.E. annotated exemplifications of children's involvement and outlined their characteristics in the qualitative data analysis software ELAN (Sloetjes and Wittenburg, 2008), which kept the annotations and outlined characteristics synchronised with the recording. To secure theoretical sufficiency, data were continuously added, refining the phenomenon of children's involvement until the identified aspects kept being confirmed. The samples, annotations and the proposed characteristics were continuously discussed, viewed and refined in collaboration with authors A.W.G. and C.B.C.

In the final phase, we consulted sources to derive (i) how to articulate what the inductive and empirically grounded phase of the analysis had generated, (ii) a structure for presenting the operationalisation and (iii) an understanding of how the identified dimensions to children's involvement supported (or contradicted) theories and research. During this phase, we reviewed prior research on formulations in psychotherapy (Korman *et al.*, 2013), utterance functions in calibrating sequences (Bavelas *et al.*, 2017), a pilot-study on agentive language (Edman,

2017) and studies on dominance and asymmetry in dialogues (Linell, 1990). We also consulted theories of language use and linguistic functions (Austin, 1962; Bruner, 1990; Antaki, 1994; Du Bois, 2007; Taylor, 2016), research on interactions (Linell, 1990; Linell and Marková, 1993; Schegloff, 2007; Bavelas *et al.*, 2017) and literature on psychotherapy (e.g. Wade, 1997; White, 2007; Van der Kolk, 2014).

To assess reliability, authors K.E. and A.W.G. independently applied the refined definitions of children's involvement to a stratified random sample of unprocessed data. K.E. determined an inter-analyst agreement of 89.3 percent by dividing the number of agreements with the number of agreements and disagreements ($267/299 = 0.893$).

Ethical considerations and statement

The Swedish Ethical Review Authority approved the project in August 2019. Local boards and legal departments at the social services departments and the mental health clinics approved of the data collection. The participating social workers identified the children, introduced them to the study and provided them with written information from the research team (research aim, research design, GDPR (General Data Protection Regulation), the principles of research conduct and contact details to the research team who was available to answer questions throughout the study) after the sessions had taken place. This procedure meant that the participating children did not have to consider the research project during the sessions. Children who were unable to comprehend the information or at risk of being penalised by their guardians for attending the services were not approached. Thus, children more likely to be burdened by the study were not exposed to it (cf. Westlake, 2016; Winter, 2017).

Children over the age of fifteen years gave their own written consent. National ethical guidelines prohibit burdening children under fifteen years with issues of consent, thus for this age group, legal guardians approved of their children's participation in writing and the children were informed and did not object to it.

Since the focus of the study is interactions and communicative contributions, we assessed the risk of psychological harm, due to the analytical procedure, as low.

Result: six dimensions to children's involvement

The analysis generated six primary dimensions of children's involvement, namely (i) participatory, (ii) directive, (iii) positional, (iv) agentive, (v) emotional and (vi) narrative. The dimensions demonstrate that children's involvement can stretch over time, relate to life outside of the

therapeutic setting, to the interaction in the session and to the storyline that takes form during sessions. That is, it is neither exclusive to the present moment nor to the sessions per se.

The operationalisation generated several subdimensions, which delve deeper into the details. These are available as a supplementary material for research use.

Below, introductory paragraphs and examples illustrate the six dimensions and how children's involvement is realised in therapy sessions. The examples are anonymised, translated to English and follow a simplified version of Jefferson's system for transcribing (Hepburn and Bolden, 2014). Transcribing inevitably involves interpretation (Ochs, 1979; Bucholtz, 2007); the examples thereby serve as reminders of the intricate interactive processes rather than true depictions of the sessions.

Participatory involvement

When children actively join in the session as it proceeds, they exercise participatory involvement: they let the others know that they are paying attention to what is being said or done (providing communicative contributions that let the session unfold), respond to questions and requests (participating in conventional sequences that bring the session forward) or otherwise align with the conditions of the session. Hence, participatory involvement has to do with basic collaborative and interactional elements.

In example 1, the child (ch), parent (pt) and social worker (sw) have just summarised their last session. The example begins with the social worker asking the child what the child wants to talk about first.

Example 1

```
1   sw:  I [(points to the bullet points on the whiteboard) would like to go
2        through all]
3   ch:     [(turns around and looks at the whiteboard)]
4   sw:  but you you have
5   ch:  (nods)
6   sw:  you decide how we should go about it
7   ch:  <mmm> maybe the situation at home¿ (refers to one of the bullet
8        points)
9   sw:  shall we start with the situation at home?
10  ch:  mm (nods)
11  sw:  so tell me (.) how are things n:ow
12  ch:  well (..) I got a new trampoline a while ago (smiles and
13       looks down and then up at the social worker) -
14  sw:  (smiles at the child and then at the parent)
```

```
15  pt:  (smiles at the social worker and then looks at the child)
16  ch:  -a square one (keeps looking at social worker) (.)
17  sw:  (looks at child)
18  ch:  (smiles) and I have taught myself how to do backflips
19       (.) so I practice a lot (.) and I was not great at it
20       in the beginning (..) but then my siblings cheered me
21       on (..) so now we play together almost all the time
22  sw:  w:ow↑ (smiles)
23  pt:  but it is not always
24  sw:  o:kay (.) (smiles) but what a difference↑ (looks at the child)
25  ch:  mm (nods and smiles while looking down)
```

The child exercises involvement by using signs that—in this context—function to pay attention ('turns around and looks at whiteboard', line 3 and 'nods', line 5), responding to questions and requests (lines 7, 10, 12, 25), and aligning with the conditions that the social worker proposes (line 7).

Directive involvement

When children explicitly intervene in how a session unfolds, assuming control over the session, they exercise directive involvement. They may manage the content and direction of the session by asking for a clarification, initiating a topic, making a decision about the content and direction of the session, adding content that is not explicitly asked or called for, or interrupting the session.

In example 1 above, the child exercises directive involvement when setting the agenda after being invited to do so (line 7), and when adding more content than what the social worker asks for (lines 16, 18–21).

In example 2 below, the child directs the session by forwarding a question to the parent (line 12). The example is part of a longer sequence where the child, parent and social worker discussed what the child finds difficult.

Example 2

```
1   ch:  because if-if they they notice that I am sad they of
2        course often try to cheer me up-
3   sw:  mm (takes notes)
4   ch:  -often-
5   sw:  mm (continues to take notes)
6   ch:  -[but I] find that (.)
7   sw:   [mm]
```

```
8    ch:   difficult (looks down)
9    sw:   mm (.) and from your parent (looks up at the child)
10   ch:   (looks up at the social worker)
11   sw:   how does that (keeps looking at the child)
12   ch:   well I do not know >how is it for you¿< (looks at the parent)
13   pt:   well it it d:epends (.) em
```

Instead of providing an answer that fits with the social worker's question (lines 9, 11), the child asks 'how is it for you and looks at the parent' (line 12), that is, the child steers the session in another direction than the social worker initiated.

Positional involvement

When children express their stance towards an object, a theme or a conversational contribution, or their rationale for that stance, they exercise positional involvement. They may express their hopes or desires, evaluate scenarios and confirm or reject conversational content or the conditions of the session.

In example 3 below, the social worker has just asked what the child was hoping would become different as a result of their talk.

Example 3

```
1    ch:   u:m (...) that I understand a bit (.) a bit better
2          sort of [why I (.) am feeling the way I (..) feel
3                           °perhaps°]
4    sw:          [(nods and looking at the child)] <a:a:h you would>
5          understand a bit better> why you are feeling the way
6          you feel|
7    ch:   yes
8    sw:   <o:kay> (...) so if you understood a bit better (.)
9          why you are (.) feeling the way you do.-
10   ch:   mm
11   sw:   -°what difference would that make¿°
12         (2.3)
13   ch:   I would be (.) happier (looks down) and I would be able
14         to do e:m more fun things (looks up) um hang [out with
15         (.) friends and have fun]
16   sw:                                     [(nods)]
17         <o?kay> (.) so (.) in what th that you gain
18         understanding o of why it is how it is (..) you would
19         all of a sudden like be able to do more things and it
20         [will become possible in some way]
21   ch:   [eh I hope so]
```

The child exercises positional involvement by expressing a stance towards the talk itself and the social worker's formulations, specifically stating hopes (lines 1–3), confirming the social worker's formulation (line 7), providing grounds for the hope (lines 13–15) and modifying what the social worker had proposed (line 21).

In another example of positional involvement, the participants are talking about the child's friendships and experiences at school. The example follows a sequence in which the child and a parent discussed fond memories involving the child. In utterance 1, the parent refers to the child and a friend ('you two').

Example 4

```
1    pt:   but you two get along well
2    ch:   yes (...) till the end of the semester (.) °f:ucking
3          hell° (shakes head)
4    sw:   (laughs) *as [it can be*¿]=
5    pt:         (laughs) [you thought she was annoying]
6    sw:   =[sometimes that]
7    ch:    [no] (looks at the parent) what they did (shakes head)
8    pt:   what
9          (4.2)
10   ch:   (frowns shakes head and looks at the parent)
11         (2)
12   ch:   never mind (looks away) I do [not feel like it]
13   pt:                               [but you can say it]
14   ch:   no (cries) because °I do not want to think about it°
15         (looks at the parent and then at the social worker)
16   sw:   °mm° that something upsetting happened
17   ch:   (looks at the social worker and nods and then looks away crying)
```

The child exercises positional involvement by confirming what the parent proposes ('yes', line 2), taking a position in relation to 'but you two get along well'. The child then steers the talk in a new direction by adding content ('till the end of the semester', line 2) and taking a stance in relation to it ('fucking hell (shakes head)', lines 2 and 3). The child also exercises positional involvement by correcting what the parent proposes (line 7), expressing dispreferences ('frowns shakes head and looks at the parent', line 10; 'I do not feel like it', line 12), their rationale for their position ('I do not want to think about it', line 14) and confirming what the social worker proposes (line 17).

Emotional involvement

When children exercise emotional involvement, they engage in the therapy session on an emotional level. They may do so by sobbing or imbuing their speech with a trembling voice or a laughing tone.

In example 1, by smiling (lines 12, 18–21, 25), the child lets the parent and the social worker know that what happens in the interaction evokes emotions. Similarly, in example 4, the child's emphatic 'fucking hell' (lines 2 and 3) and 'crying' (lines 14 and 17) display involvement at the emotional level.

Immediately prior to example 5, the parent stated that the child watches too much television, claiming that this is why they are seeking help.

Example 5

```
1    ch:   why are you lying (.) it is just now because I am ill
2          (looks at the parent)
3    pt:   no
4    sw:   are you ill now ↑
5    ch:   yes (turns to the social worker)
6    sw:   y:es (nods)
7    ch:   that is perhaps why I do it
8    sw:   ok
9    ch:   and then you do not let me go anywhere and (.) what
10         the hell should I do instead (voice trembling and looks at
11         the parent)
12   pt:   (keeps eye contact with the child)
13   ch:   [what should I do instead] (keeps looking at the parent)
14   sw:   [°mm°] >so it sounds< like [you (.) have]=
15   ch:                             [(looks up at the social worker)]
16   sw:   =a longing for things to be different (looks at the child
17         and points back and forth at the parent and the child) between you
```

At lines 9–11, the child expresses emotional involvement by speaking in a trembling tone, which adds an emotional quality to the speech.

Agentive involvement

Children engage in actions. When children articulate what they have done, are doing, can do, or will/might do, they make their actions known and observable (indirectly). Agentive involvement refers to concrete actions, responses, reactions, cognitive processes and capabilities. Agentive involvement concerns only volitional activities, that is, not ones that the child is forced into or explicitly does not want to do.

In example 3, 'Do more fun things and hang out with friends' (lines 14 and 15) refers to volitional activities that the child might do. Because 'be happier and have fun' (lines 13 and 15) relates to the child's intentions (as opposed to states of being), they are also part of agentive involvement.

In example 6 below, the child and the social worker talk about positive changes at home.

Example 6

```
1    sw:  do you think that the change- that you have made
2         (.) (seeks eye contact with the child and makes circular movement with one
3         hand) a difference at home (.)
4    ch:  (looks away)
5    sw:  that you have contributed to the change at home in
6         some way
7    ch:  yeah I am not angry any more (turns to the social worker)
8    sw:  n:o so why are you not angry anymore?
9    ch:  (inaudible) because I have told them that they should
10        trust me and (.) so I can like do what I want now
```

By articulating what the child has done ('told them', line 9), the child expresses its agentive involvement.

Narrative involvement

When a child, a social worker, or another participant puts the child's involvement into words, they contribute to a possible storyline about the child being involved. Hence, narrative involvement is not primarily about what the child is doing, feeling, thinking and desiring, and so forth, but about it being voiced.

In example 6 above, the child says 'not angry anymore', 'I have told them' and 'do what I want' (lines 7, 9 and 10), contributing with content to a storyline about the child being a person who 'responds with feelings' and does things (as opposed to being passive). The references back in time ('have told', line 9) and a possible future ('I can', line 10) demonstrate that the child's involvement is not exclusive to the present moment and is connected to life outside of the session.

In example 7 below, the child and the social worker are discussing the child's feelings in relation to their last session.

Example 7

```
1    sw:  how does it feel like for you it was a rather long
2         talk [last time]
3    ch:      [yeah (nods)] eh it feels good
4    sw:  mm
5    ch:  it felt=
6    sw:  mm
7    ch:  =as a relief sort of (.) that=
8    sw:  mm
9    ch:  =I (.) the only thing I th:ought of (looks up at the ceiling)
10        is sort of perhaps it is anxiety (looks at the social worker)
```

```
11        sort of.
12   sw:  mm
13   ch:  but to get it sort of like (.) that you have h:ad and
14        things
```

'Feel like for you' (line 1), 'It feels good' (line 3), 'it felt as a relief' (lines 5 and 7) and 'I thought of' (line 9) contribute to a storyline about the child being a person who feels and thinks (as opposed to being passive).

Co-constructional aspects of children's involvement

It is important to acknowledge that though these dimensions focus on children's involvement, their involvement is jointly achieved and contingent on both (or all) participants (cf. Bavelas *et al.*, 2014). Example of co-constructional aspect of involvement is available in example 3, in which the introductory question makes the succeeding positional involvement at lines 1–3 possible. Furthermore, by providing a contribution that demonstrates acceptance (line 7) of the social workers response (lines 4–6) the child and the social worker jointly achieve mutual understanding of the child's initial position (lines 1–3) (cf. Bavelas *et al.*, 2017). In the same example, the child's confirmation at line 10 would not have made sense without the preceding formulation. That is, the 'mm' gets its positional function from its interactional context. That involvement is jointly achieved is also true for narrative involvement, which, with its focus on the storyline, may seem less interactive. Co-constructional aspects of narrative involvement are well defined in examples 6 and 7, in which the storied involvement intertwine with the topic of the talk (introduced by the social worker) and the social workers' questions.

Discussion

Practical implications

Children's involvement in therapy sessions is multifaceted and inevitable. By attending a session, they influence it and are, thus, involved (cf. Watzlawick *et al.*, 1967; Labov, 1972). This does, however, not imply that anything goes when working to enhance involvement. It rather highlights a complexity indicating that practitioners need to be mindful of the implications each dimension (or lack of it) may bring. For instance, without 'directive' and 'positional involvement', a session might take

turns that are not in line with a child's intentions. Without 'participatory involvement' the therapy session would be impossible to realise (an argument that we extend below). Without 'agentive involvement', how children deal with, for example, hardship, becomes less recognisable (cf. Wade, 1997; White, 2007). Without 'emotional involvement' a child might not be connecting with what is being addressed. Conversely, demonstrating the complexity of involvement, creating an emotional distance to what is spoken about could, at times, be a useful strategy for some children to cling onto (cf. Van der Kolk, 2014). Involvement is, thus, neither innately good nor bad: under certain circumstances, instead of working to maximise involvement, one might aim to reduce one dimension while prioritising another. In other words, social work encounters are complex and a set way of working with children's involvement does not necessarily fit all children or encounters (cf. Winter *et al.*, 2017). Lastly, without 'narrative involvement', a child's actions and responses might go unnoticed (cf. Wade, 1997; White, 2007) and the child would be less likely to experience itself as an active subject and, in turn, act accordingly (cf. Fausey and Boroditsky, 2010; Taylor, 2016). In other words, by putting involvement into words, the experience of being involved has a better chance of becoming materialised (cf. Taylor, 2016). Nevertheless, also instances of narrative involvement (that specifically picks up on what is voiced) could probably benefit from being further acknowledged (cf. White, 2007). Put differently, if 'told' (line 9 in example 6) had been emphasised it would probably have made an even stronger contribution to the storyline about the child being an active subject.

The proposed dimensions complement established models of involvement (e.g. Hart 1992; Shier, 2001; Lundy, 2007), by going further into the details of dialogues. Instead of putting emphasis on, for example, decision-making (which is a common demarcation in research on involvement), the dimensions also attend to the interactive processes that precedes decisions. Furthermore, the dimensions are non-hierarchical and non-linear: one dimension of involvement does not necessarily exceed, nor precede, another dimension. So, instead of striving for higher levels of involvement, or more involvement, the study suggests that one learns about the involvement each child exercises and considers if more, fewer, or other dimensions are useful to incorporate. The dimensions, thus, constitute a 'Compass of Involvement', indicating potential directions involvement can take during sessions, see Figure 1.

The Compass of Involvement illustrates that one dimension is not necessarily superior to another. Which direction to aim for depends on what one finds appropriate and useful in the given situation. In one session, a modest amount of Directive Involvement, a break from Emotional Involvement, and increasing Positional Involvement may, for
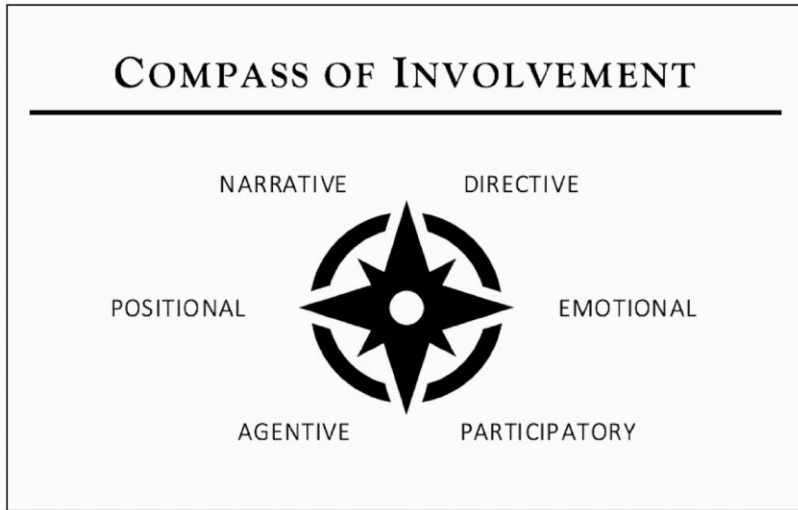
Figure 1: *Compass of Involvement* illustrates six different directions that children's involvement may take in child and family therapy sessions.

instance, be more beneficial to the child than maximising the total amount of involvement. With a flexible orientation to involvement, other key elements and skills—such as contextual factors (Winter *et al.*, 2017), including relational and communicative aspects (Devaney and McGregor, 2019; Gorin *et al.*, 2020), continuity and social support (Devaney and McGregor, 2019), and authority and evocation (Forrester *et al.*, 2019)—may receive more attention from practitioners. Whilst not empirically determined, when involvement co-exists with elements associated with positive impacts of social work encounters, the beneficial effects of involvement (e.g. Merkel-Holguin *et al.*, 2020; Garcia-Quiroga and Salvo Agoglia, 2020) can be better preserved while avoiding the negative ones (e.g. Gallagher *et al.*, 2012).

Historically, involvement is a complex concept, referred to with different terms used as if they were interchangeable (Mossberg, 2016) and with inconsistent definitions associated with everything from well-being (Vis *et al.*, 2011) and human rights (cf. Tisdall, 2017) to efficiency and neoliberalism (LaMarre *et al.*, 2019), and beyond. Given the vagueness and ambiguity surrounding the concept and the scope of possible interchanges and co-occurrence, we argue that there is a need for not only refinement, but multiplicity. By organising the dimensions under an umbrella term (children's involvement in therapeutic practices), the assumed need for multiplicity is preserved. The operationalisation may answer needs for all parties: for practitioners, what is meant by children's involvement on an interactional level; for children (and families), what their right to involvement might refer to.

Supporting findings on face-to-face dialogues

Similar functions of conversational contributions are acknowledged elsewhere (Linell, 1990; Bavelas *et al.*, 2017). Participatory and positional involvement do, for instance, partially overlap with some of the utterance functions that Bavelas *et al.* (2017) demonstrate are the basic building blocks of meaning making (a reoccurring element in therapeutic practices). Aspects of directive involvement are similar to what Linell (1990) identifies as dominance in dialogues. Linell's discussion on quantitative dominance (who speaks the most) also correlates with our reluctance to strive for a set type or amount of involvement: 'you need not talk a lot or make many strong moves, as long as you say a few, strategically really important things' (p. 158). Considering that the dimensions, to a certain extent, are made up of the building blocks of meaning making, it is no wonder that sessions would be impossible to realise without some degree of involvement.

Previous findings on the efficiency of conversational contributions (e.g. Linell and Marková, 1993; Schegloff, 2007; Bavelas *et al.*, 2017) support the current finding that the children in the data-set frequently exercised several dimensions of involvement simultaneously. To illustrate, 'it feels good' (line 3, example 7) contributes to a storyline about the child being a person who feels things (narrative involvement), but it also responds to a question (participatory involvement) and evaluates a positioning object (positional involvement). Such multifunctionality adds to the complexity, potentially addressing why involvement has remained 'fuzzy', with inconsistent and vague definitions. That children are not passive recipients to what is going on around them (to which the dimensions are testaments) is also described in literature on different therapeutic approaches, including narrative therapy (White, 2007) and response-based therapy (Wade, 1997). However, the proposed dimensions are not tied to a specific approach.

Methodological issues and future research directions

Methodologically, this article meets the demand for empirically grounded research on encounters in child and family social work practice. Since many conversational elements in therapeutic practices are generic to other types of institutional talks, the six dimensions are potentially transferable to other settings, including child protection, school counselling and clinical psychology. The diverse data-set (including different approaches to therapy), high inter-analyst agreement and research demonstrating similar interactive functions (see Discussion section above) strengthen the dimensions' likelihood of being transferable across a range of communicative encounters. Furthermore, the

operationalisation makes involvement more accessible and available for criticism and systematic evaluations.

We acknowledge some limitations. First, analysing observable aspects of audiovisual recordings cannot provide complete versions of involvement; therefore, the analysis is necessarily selective in scope. Secondly, the analysis does not include situational and socio-cultural contexts, non-displayed experiences, what took place before the recording, and so forth. Finally, in relation to the data-set, due to ethical and practical considerations, the social workers needed to know the research topic prior to the recording. How their knowledge influenced the data is unknown. However, the study focuses on children's involvement and they were not informed before the sessions had taken place. Using data that are recorded in advance, before also the social workers are informed about the study (but after consent), would possibly have secured even better examples of practice as usual. Furthermore, the fact that social workers opted in and also took active part in identifying which children should participate might have tilted the data towards including interactions in which children were particularly involved. However, since our analysis focused on dimensions of involvement and not overall involvement or comparing one session to another, we did not find that this procedure posed a particular risk of bias.

Additional research may test the operationalisation presented here (and in supplementary materials) by undertaking comparative analyses on different data-sets (e.g. with or without parents present) or use the operationalisation to study how involvement arises and develops (or not) in therapeutic sessions. The latter could further reveal the details of how children's involvement is co-constructed and how social workers, or other practitioners, may steer their session in their desired directions and successfully facilitate the different types of involvement. Our findings set the foundation for such analyses—involvement in a session can now be identified, traced and followed.

Conclusion

This article provides empirically grounded research in child and family social work practice and meets the demand for observations of direct social work encounters. It identifies six dimensions of children's involvement in therapeutic sessions and describes how to recognise them. The dimensions demonstrate that involvement concerns the interaction itself, the storylines constructed during sessions and life outside of the sessions. The dimensions also demonstrate how children's involvement can stretch over time (e.g. by voicing past experiences and future ambitions) and that children can exercise multiple dimensions of involvement simultaneously. By offering a non-hierarchical and non-linear compass and by

discussing its practical implications, this article problematises the popular belief that the more involved a child is, the better.

Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

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Authors' contributions

K.E. conceived the original idea and developed the research design and the theoretical framework. K.E. collected the data and prepared the samples, analysed the data, and wrote the manuscript, with input from A.W.G. and C.B.C. during data sessions and throughout the writing process. K.E. calculated the inter analyst agreement based on sample analyses by authors K.E. and A.W.G.

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References

Allcock, A. (2018) 'ESSS Outline: Frameworks for child participation in social care', Iriss. https://www.iriss.org.uk/resources/esss-outlines/frameworks-child-partici pation-social-care.

Antaki, C. (1994) *Explaining and Arguing: The Social Organization of Accounts*, London, Sage.

Austin, J. L. (1962) *How to Do Things with Words*, London, Clarendon Press.

Badham, B. (2004) 'Participation – For a change: Disabled young people lead the way', *Children & Society*, **18**(2), pp. 143–54.

Bavelas, J. B., De Jong, P., Smock Jordan, S. and Korman, H. (2014) 'The theoretical and research basis of co-constructing meaning in dialogue', *Journal of Solution-Focused Brief Therapy*, **2**(2), pp. 1–24.

Bavelas, J. B., Gerwing, J. and Healing, S. (2017) 'Doing mutual understanding. Calibrating with micro-sequences in face-to-face dialogue', *Journal of Pragmatics*, **121**, pp. 91–112.

Bavelas, J. B., Gerwing, J., Healing, S. and Tomori, C. (2016) 'Microanalysis of face-to-face dialogue. An inductive approach', in VanLear, C. A. and Canary, D. J. (eds), *Researching Communication Interaction Behavior: A Sourcebook of Methods and Measures*, Thousand Oaks, Sage.

Beresford, P. (2014) 'How can social care providers involve service-users?', *The Guardian*, 14 May.

Bruner, J. (1990) *Acts of Meaning*, Cambridge, Harvard University Press.

Bucholtz, M. (2007) 'Variation in transcription', *Discourse Studies*, **9**(6), pp. 784–808.

Chu, B. C. and Kendall, P. C. (2004) 'Positive association of child involvement and treatment outcomes within a manual based cognitive behavioural treatment for children with anxiety', *Journal of Consulting & Clinical Psychology*, **75**(5), pp. 821–29.

Cicourel, A. (1982) 'Interviews, surveys, and the problem of ecological validity', *The American Sociologist*, **17**(1), pp. 11–20.

Dahlø Husby, I. S., Kiik, R. and Juul, R. (2019) 'Children's encounters with professionals – Recognition and respect during collaboration', *European Journal of Social Work*, **22**(6), pp. 987–98.

De Jong, P., Smock Jordan, S., Healing, S. and Gerwing, J. (2020) 'Building miracles in dialogue: Observing co-construction through a microanalysis of calibrating sequences', *Journal of Systemic Therapies*, **39**(2), pp. 84–108.

Devaney, C. and McGregor, C. (2019) 'Outcomes for permanence and stability for children in care in Ireland: Implications for practice', *The British Journal of Social Work*, **49**(3), pp. 633–52.

Du Bois, J. W. (2007) 'The stance triangle', in Englebretson, R. (ed), *Stancetaking in Discourse: Subjectivity, Evaluation, Interaction*, London, John Benjamins Publishing.

Edman, K. (2017) *Identifying Agentive Language: A Microanalysis of Co-constructed Elements in Therapeutic Conversations*, Master's thesis, Institute of social work, Malmö University.

Fausey, C. M. and Boroditsky, L. (2010) 'Subtle linguistic cues influence perceived blame and financial liability', *Psychonomic Bulletin & Review*, **17**(5), pp. 644–50.

Ferguson, H. (2016) 'Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families', *British Journal of Social Work*, **46**(1), pp. 153–68.

Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C. and Hutchison, D. (2019) 'What is the relationship between worker skills and outcomes for families in child and family social work?', *The British Journal of Social Work*, **49**(8), pp. 2148–67.

Gallagher, M., Smith, M., Hardy, M. and Wilkinson, H. (2012) 'Children and families' involvement in social work decision making', *Children & Society*, **26**(1), pp. 74–85.

Garcia-Quiroga, M. and Salvo Agoglia, I. (2020) 'Too vulnerable to participate? Challenges for meaningful participation in research with children in alternative care and adoption', *International Journal of Qualitative Methods*, **19**, pp. 1–11.

Gorin, S., Baginsky, M., Moriarty, J. and Manthorpe, J. (2020) '"She made you feel like there's hope": Gaining a better understanding of how children negotiate their relationships with social workers from their own accounts', *British Journal of Social Work*, 1–18.

Hart, R. A. (1992) '*Children's Participation: From Tokenism to Citizenship*', Florence, UNICEF Child Development Centre.

Hart, R. A. (2007) 'Stepping back from "the Ladder": Reflections on a model of participatory work with children', in Reid, A., Jensen, B. B., Nikel, J. and Simovska, V. (eds), *Participation and Learning: Perspectives on Education and the Environment, Health and Sustainability*, New York, Springer.

Health & Care Professions Council (2017) 'Standards of Conduct, Performance and Ethics', https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ (accessed December 09, 2021).

Hepburn, A. and Bolden, G. B. (2014) 'The conversation analytical approach to transcription', in Sidnell, J. and Stivers, T. (eds), *The Handbook of Conversation Analysis*, Oxford, Wiley Blackwell.

Hood, R. (2016) 'How professionals talk about complex cases: a critical discourse analysis', *Child & Family Social Work*, **21**(2), pp. 125–35.

International Federation of Social Workers (2018) 'Statement of Ethical Principles', http://www.ifsw.org/statement-of-ethical-principles/?hub1/4main (accessed December 09, 2021).

Juhila, K., Ranta, J., Raitakari, S. and Banks, S. (2021) 'Relational autonomy and service choices in social worker-client conversations in an outpatient clinic for people using drugs', *The British Journal of Social Work*, **51**(1), pp. 170–86.

Korman, H., Bavelas, J. and De Jong, P. (2013) 'Microanalysis of formulations in solution focused brief therapy, cognitive behavioral therapy, and motivational interviewing', *Journal of Systemic Therapies*, **32**(3), pp. 31–46.

Labov, W. (1972) *Sociolinguistic Patterns*, Philadelphia, University of Pennsylvania Press.

LaMarre, A., Smoliak, O., Cool, C., Kinavey, H. and Hardt, L. (2019) 'The normal, improving and productive self: Unpacking neoliberal governmentality in therapeutic interactions', *Journal of Constructivist Psychology*, **3**, 236–53.

Linell, P. (1990) 'The power of dialogue dynamics', in Marková, I. and Foppa, K. (eds), *The Dynamics of Dialogue*, New York, Harvester Wheatsheaf.

Linell, P. and Marková, I. (1993) 'Acts in discourse: From monological speech acts to dialogical inter-acts', *Journal for the Theory of Social Behaviour*, **23**(2), pp. 173–95.

Lundy, L. (2007) 'Voice is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child', *British Educational Research Journal*, **33**(6), pp. 927–42.

Merkel-Holguin, L., Schwab-Reese, L., Drury, I., Allan, H. and Hollinshead, D. (2020) 'Nothing about me without me: Children and young people's experiences with family group conferences', *Child & Family Social Work*, **25**(1), pp. 27–36.

Morrison, F. (2016) 'Insight 34: Social workers' communication with children and young people in practice', Iriss. https://www.iriss.org.uk/resources/insights/social-workers-communication-children-and-young-people-practice.

Mossberg, L. (2016) 'Service user involvement in Swedish mental health and social care: An analysis of ideological dilemmas and subject positions in a collaboration context', *European Journal of Social Work*, **19**(5), pp. 716–30.

Ochs, E. (1979) 'Transcription as theory', in Ochs, E., Bambi, B. and Schiefflin, B. (eds), *Developmental Pragmatics*, New York, Academic Press.

Percy-Smith, B. (2007) 'You think you know? You have no idea: Youth participation in health policy development', *Health Education Research*, **22**(6), pp. 879–94.

Schegloff, E. A. (2007) *Sequence Organization in Interaction: A Primer in Conversation Analysis*, Cambridge, Cambridge University Press.

Shier, H. (2001) 'Pathways to participation: Openings, opportunities and obligations: A new model for enhancing children's participation in decision-making in line with Article 12.1 of the United Nations Convention on the Rights of the Child', *Children & Society*, **15**(2), pp. 107–17.

Sloetjes, H. and Wittenburg, P. (2008) 'Annotation by category – ELAN and ISO DCR', *Proceedings of the 6th International Conference on Language Resources and Evaluation* (LREC 2008), Marrakech, Morocco.

Taylor, C. (2016) *The Language Animal: The Full Shape of the Human Linguistic Capacity*, Cambridge, The Belknap Press of Harvard University Press.

Thomas, N. (2007) 'Towards a theory of children's participation', *The International Journal of Children's Rights*, **15**(2), pp. 199–218.

Tisdall, E. K. M. (2017) 'Conceptualising children and young people's participation: Examining vulnerability, social accountability and co-production', *The International Journal of Human Rights*, **21**(1), pp. 59–75.

United Nation Convention on the Rights of the Child (1989) Treaty no. 27531. United Nations Treaty Series, 1577, pp. 3178, retrieved from https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf.

Van der Kolk, B. A. (2014) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, New York, Viking.

Vis, S. A., Strandbu, A., Holtan, A. and Thomas, N. (2011) 'Participation and health – A research review of child participation in planning and decision making', *Child & Family Social Work*, **16**(3), pp. 325–35.

Wade, A. (1997) 'Small acts of living', *Contemporary Family Therapy*, **19**(1), pp. 23–39.

Watzlawick, P., Beavin, J. B. and Jackson, D. D. (1967) *Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies, and Paradoxes*, New York, Norton.

Westlake, D. (2016) 'Front row seats: Why researchers need to get closer to practice and how we can do so', in Hardwick, L., Smith, R. and Worsley, A. (eds), *Innovations in Social Work Research: Using Methods Creatively*, London, Jessica Kingsley Publishers.

White, M. (2007) *Maps of Narrative Practice*, New York, W.W. Norton & Co.

Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F. and Holland, S. (2017) 'Exploring communication between social workers, children and young people', *The British Journal of Social Work*, **47**(5), pp. 1427–44.