Knowledge displays: soliciting clients to fill knowledge gaps and to reconcile knowledge discrepancies in therapeutic interaction

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Abstract

Objective: To examine knowledge displays (KDs), a practice by which Therapeutic Community (TC) professionals exhibit previous knowledge about their clients' circumstances and experiences.

Methods: Conversation analysis is used to examine 12 staff-led meetings recorded in Italy (8 in a drug addiction TC; 4 in a mental health TC).

Results: The TC professionals use KDs within broader sequences of talk where they solicit their clients to share personal information and where the clients provide insufficient or inconsistent responses. In these circumstances, the staff members employ KDs to pursue responses that redress emerging knowledge gaps and discrepancies regarding the clients' experiences or circumstances.

Conclusion: KDs allow the staff members to achieve a balance between respecting their clients' right to report their own experiences and influencing the ways in which they report them. KDs help to reinforce the culture of openness that is central to many forms of therapeutic interaction, to forward the therapeutic agenda and to expand the staff members' knowledge of the clients' experiences and circumstances.

Practice implications: KDs can be used to solicit clients to share personal information. This paper illustrates core features that underlie the function of KDs (where they are used and how they are constructed).

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1. Introduction

1.1. Background

Therapeutic interaction is a form of professional-client communication whose goal is to improve clients' mental health. The expectation that clients share personal information plays a central role in it insofar as the success of therapeutic interactions "depends in some measure on the client's willingness and ability to talk about self and other's experiences" [1, p. 188; also 2]. Sometimes clients fail to disclose personal information, for instance by answering a question with "I don't know" [1,3], by limiting themselves to telegraphic ("yes"/"no") responses, or by providing responses that lack detail [1]. Professionals use several practices to solicit or enable clients to say more about themselves, including silences [1], 'continuers' ("mm hm", "uh huh") [1,4], prompts ("and") [1] and different types of question [1-3,5,6]. These practices promote information exchanges that flow from the client to the professional, shaping and reinforcing an asymmetric relationship in which the client is expected to share personal information and the professional is expected to listen. Although some therapeutic interactions occur on a one-off basis, commonly professionals and clients meet regularly over periods of months and establish ongoing relationships [7]. As they start having a relational history, they increasingly rely on previous knowledge to shape their reciprocal expectations; for instance, clients can be expected to report personal information that is consistent with what they have previously shared (an expectation that applies to social relationships more broadly [8]). However, gaps and discrepancies commonly emerge. Gaps arise when the professional has reasons to believe that the client has personal information that could (or should) be communicated, but the client fails to do so. Discrepancies emerge when the client provides information that contradicts what the professional already knows. In these cases, a tension emerges between taking what the client is saying at face value and soliciting them to provide further information [9,10]. This paper examines a communicative practice called *knowledge display* (KD) by which TC professionals show that they already have some previous knowledge about a client's experience or circumstance and use it to solicit further information that can fill knowledge gaps [11] and reconcile emerging knowledge discrepancies about that experience or circumstance.

1.2.   Therapeutic Community meetings

The paper focuses on Therapeutic Communities (TCs). The term TC designates both a type of residential or semi-residential service that provides psychosocial rehabilitation for persons with

diagnoses of mental illness [12-14] or drug addiction problems [15,16] and the therapeutic method employed therein [17,18]. The TC method emphasises prolonged interaction between staff and clients (the so-called "living-learning experience" [12] or "community as method" [19,20]), usually over a period of several months [21], in joint work, learning and leisure activities. Staff-led group meetings take place on a weekly basis and are occupied to a significant extent by clients' reports of their recent activities and experiences [22,23]. Sharing personal information is valued for its therapeutic implications; for instance, by reporting the difficulties they encounter, TC clients can engage in self-reflection and receive feedback and support from others [24]. However, clients can fail to share personal information for several reasons. For instance, they may be reluctant to expose their vulnerability, particularly in a group setting, or they may want to conceal some information. TC programs have a social control component whereby staff members monitor clients' behaviours for their adherence to institutional rules (e.g. abstinence from drug use) [16]. When they withhold information about their recent activities, clients may be resisting this agenda. Whatever TC clients' motives for withholding information may be, TC professionals have an interest in soliciting clients to share, partly to promote the therapeutic agenda of the meetings and partly to ascertain clients' adherence to institutional rules [10]. Through the practice examined in this paper (KD) TC staff members invoke some previous knowledge about their clients as a resource for soliciting them to expand their personal reports and, in turn, to further increase the staff members' knowledge of the clients' experiences and circumstances.

1.3. Displays of knowledge as "fishing" practices

The findings presented in this study are linked to two strands of research in conversation analysis. The first one stems from seminal research by Pomerantz [25] on how speakers "pursue a response" in circumstances where an interlocutor has failed to provide it. Muntigl and Zabala [1] explored this phenomenon in therapeutic interactions by analysing the ways in which therapists treat their clients' responses as insufficient ("expandable") and employ communicative practices to solicit the clients to expand.

The second line of research goes back to another seminal study, in which Pomerantz [26] described the practice of "telling my side". This is an assertion (e.g. "Your line's been busy"), which communicates partial knowledge of an interlocutor's circumstance and works as a "fishing device", soliciting the interlocutor to provide more information (in the example above, why their line was busy). Bergman [10] showed how "fishing" is employed in psychiatric intake interviews

and Peräkylä and Silverman [5] explored a related phenomenon in AIDS counselling sessions [also 27].

The study reported here explores the intersection of these two phenomena in TC meetings: instances where professionals treat their clients' responses as insufficient and in need of expansion by displaying previous knowledge of circumstances/experiences that the clients could (and should) report.

2. Methods

2.1. Conversation analysis

This study employs conversation analysis (CA), a method for the study of how participants accomplish social actions through the use of spoken language and bodily conduct [28-30]. This method has been extensively employed to study communication between healthcare professionals and patients. CA relies on recorded episodes of naturally occurring social interaction, examined alongside detailed transcripts which represent not only what was said, but how it was said (e.g. in terms of speech delivery, intonation, timing, etc.) [31].

2.2. Data

Data for this study consist of 4 meetings audio-recorded in a TC for people with mental health diagnoses (mostly of schizophrenia) and 8 meetings (4 audio and 4 video) recorded in a TC for people with drug addiction problems (mostly related to heroin use) (both TCs are in Italy). The Mental Health TC meetings were regularly attended by two TC professionals (an educator and a nurse) and a number of clients that varied between 7 and 12. The Addiction TC meetings were attended by 2 educators and a number of clients that varied between 3 and 5. The TC professionals are referred to as staff members throughout the paper. All participants provided informed consent and authorised publication of anonymised transcripts.

The recordings were examined alongside the transcripts to identify instances where the TC professionals use KDs. KDs were defined as conversational turns where the TC professionals exhibit some previous knowledge of the clients' circumstances or experiences (as we shall see, the turns that contain KDs can also contain additional components that perform some accompanying action); "previous" refers to knowledge that the staff describe as having been gained some time prior to the meeting. The search identified 18 instances of KDs (10 in the Addiction TC data and 8

in the Mental Health TC data). The TC professionals use these KDs within the broader activity of soliciting the clients to share personal information. This paper does not deal with how the TC professionals display knowledge about the clients within other types of activity (e.g. assessing, advising, etc.). The transcripts in this paper contain a double line: original Italian and idiomatic English translation. A list of transcription conventions is provided in Appendix A.

3. Results

3.1 KDs solicit clients to share personal information

KDs are a communicative *practice* (i.e. a way of accomplishing a social action [32]) through which the staff members implement the action of soliciting the clients to share personal information. The staff employ KDs in the third position of a sequence of talk composed of 4 parts (highlighted in the extracts): (1) a staff member solicits a client to share personal information; (2) the client responds; (3) a staff member produces a KD, which treats the client's response as insufficient and in need of expansion [1]; (4) the client responds to the KD. KDs treat the clients' responses as insufficient either because they are incomplete (Table 1) or because they contradict what the staff already know (Table 2).

Table 1

Extract 1 (Addiction TC; INT8:47,59)

```
Staff members: Marta (S-Mar) and Annamaria (S-Ann)
Client: Manolo (C-Man)


01 S-Mar:   tch Luna l'hai vi:[sta?]          (1) Solicitation
            tch did you see: Luna?


02 C-Man:                    [°E::]::°


03 C-Man:   h Sì l'ho vista dome:nica,        (2) Response
            h Yes I saw her on Su:nday,


04          e l'ho vista sa:ba- no.
            and I saw her on Sa:tu- no.


05          (0.6)


06 C-Man:   Saba (0.5) no l'ho vista domenica.
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           Satu (0.5) no I saw her on Sunday.

07         (1.0)

08 C-Man:  >Sa[bato-< (.) no sabato=
           >Saturday-< (.) no Saturday=

09 S-Mar:     [Mh
               Mh

10 C-Man:  =non l'ho vista.
           =I didn't see her.

11 S-Ann:  Scrivevi nella programmazione      (3) KD
           You wrote in your planning

12         che forse sareste usciti,
           that maybe you would go out,

13         e non sapevi bene cosa avreste fatto?
           and you didn't know exactly what you would be doing?

14         (0.3)

15 S-Ann:  Cosa avete fatto.
           What did you do.

16 C-Man:  Siamo andati al centro commercia::le, (1.1)  (4) Response
           We went to the shopping ce::ntre, (1.1)

17         poi::::::::::::::: (abbiamo) fatto un gi:ro
           the:::::::::::::::n (we) hung arou:nd

18         e siamo stati acca:sa, (0.7) poi basta.
           and we stayed at ho:me, (0.7) and that's it.
```

Before extract 1 (Table 1 – Addiction TC) a staff member has asked a client (Manolo) to report on his activities during the weekend outside the TC (data not shown). A staff member (Marta) asks Manolo whether he saw someone called Luna (line 1). Although it is produced as a yes-no question [33], Marta's question solicits an expanded report [1,34,35]. Manolo fails to provide it and instead displays trouble in recalling when he saw Luna (lines 3-10). Another staff member (Annamaria) produces a KD invoking previous knowledge about Manolo's plans for the weekend (lines 11-13): "You wrote in your planning that maybe you would go out, and you didn't know exactly what you

would be doing?" (Annamaria refers to a written plan that the clients are required to complete each Friday in preparation for the weekend). By mentioning this information, Annamaria treats Manolo's response as incomplete and presents a direction that Manolo can take to expand his personal report (by detailing what he did with Luna). After an 0.3 seconds silence (line 14), Annamaria pursues a response by explicitly asking Manolo to report what he did with Luna (which he does at lines 16-18).

Table 2

Extract 2 (Mental Health TC; Rg2C:30)

```
Staff member: Massimo (N-Mas)
Client: Carlo (C-Car)


((Carlo has recounted that he used to think that his brother was an alien and that he
heard strangers' voices when he tried to phone his brother))


01 C-Car:   Poi::::: (0.4) parlavo con mio fratello e
            The::::n (0.4) I spoke with my brother and


02 S-Mas:   Ascolta. .hh Ma adesso queste cose ti vengono
            Listen. .hh But now these things do they    (1) Solicitation


03          ↑più in mente.
            ↑still come to your mind.


04 C-Car:   No:. Mi vengono in mente a volte.          (2) Response
            No:. They come to my mind occasionally.


05          (0.8)


06 S-Mas:   Ma ti vengono in mente (0.6)               (1bis) Solicitation
            But do they come to your mind (0.6)


07          perché (   ) hai dei ricordi su queste cose (   )
            because (   ) you have memories about these things (   )


08 C-Car:   L'unica cosa vera che::: in:: che pe:nso    (2bis) Response
            The only real thing tha:::t in:: that I thi:nk


09          è che o:ggi, (0.2) anche a mezzo- alle-
            is that to:day, (0.2) also at mid- at-


10          a mezzogiorno, suonava una macchina
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          at midday, a car was beeping

11        (0.5)

12 C-Car:  (    ) che mi sento i suoni, no?
          (    ) that I hear the sounds, right?

13 S-Mas:  Certo.
          Sure.

14        ((omitted: Carlo continues the story about the car))

15 C-Car:  Ho sentito solo gli uccellini,
          I only heard the little birds,

16        perché è passata una ragazza in macchina
          because a girl passed by in a car

17        che pensavo gli uccellini mi avvisassero
          and I thought the little birds were warning me

18        che era quella lì.
          that it was her.

19        (0.5)

20 S-Mas:  tch Ma mi dicevi anche che:: (0.6)        (3) KD
          tch But you also told me tha::t (0.6)

21        in questi giorni quando che vai fuori in paese,
          in these last few days when you go into town,

22        hai anche l'impressione che se ti metti (0.2)
          you also have the impression that if you wear (0.2)

23        .hhh il berretto dell'Idro[s Pravene,] (.)
          .hhh the cap of the ((name of football club)) (.)

24 C-Car:                          [Sì è vero.]   (4) Response
                                    Yes it's true.

25 S-Mas:  ti guardano [male. ]
          they frown at you.

26 C-Car:             [Quello] è vero è vero è vero.  (4) Response
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                    That is true it's true it's true.


27 S-Mas:   Ti guardano sto[:rto                    (3bis) KD
            They scowl at you


28 C-Car:              [I ne:ri poi no:n: ne parliamo,
                        Not to mention the black,  (4bis) Response


29          perché mi guardano proprio incazzati (      )
            because they look at me ((as if they were))
            really pissed off (        )


30          (0.8)
```

Before extract 2 (Table 2 – Mental Health TC), a client (Carlo) has described some events (possibly hallucinations) that he experienced in the past (the final part of his story is reproduced in line 1). A staff member (Massimo) starts a line of questioning (lines 2-3) to establish whether Carlo is still experiencing such events (hallucinations) or whether he is reminiscing about things that he experienced in the past (Massimo pursues this matter again at lines 6-7, after Carlo's response at line 4). Carlo recounts a story involving a car beeping at him, a mysterious girl and little birds communicating with him (lines 8-18). He claims that this is the only experience that he believes was "real" (with the implication that other people may regard this experience as unreal, e.g. as a hallucination, whereas he does not). There is also an implicit claim that for Carlo there are no other such experiences to report (it is "the only" episode that he considers as "real", line 8). Massimo produces a KD, which treats Carlo's response as discrepant with some previous knowledge (lines 20-23, 25 and 27): Carlo previously reported another experience (this experience, which involves people on the street frowning at Carlo, has in common with the previous one that other people may regard it as 'unreal' or at least exaggerated, whereas Carlo does not). The KD thus lays out a direction that Carlo can take to expand his report and to reconcile the emerged discrepancy (which Carlo does at lines 28-29).

To summarise, KDs treat the clients' responses to the staff members' initial inquiries as insufficient or discrepant with some previous information; KDs provide for the clients to redress these gaps and discrepancies by laying out a direction for the expansion of the clients' reports. The next section examines in more detail the type of response that KDs solicit.

3.2. KDs solicit [confirmation + expansion] responses

KDs provide for the clients to *confirm* the information conveyed through the KD and to *expand* their personal reports along the lines indicated in the KD. That this is the relevant course of action following a KD is evidenced, first of all, in the fact that the clients recurrently respond to the staff members' KDs by confirming the information conveyed in it and by expanding their reports. In 4/18 cases, the clients confirm and expand after the KD (see Table 3); in 6/18 additional cases, the clients do not initially produce an expansion in response to a KD (e.g. they only confirm the information), however the staff pursue an expansion, which the clients then produce (see Tables 1 and 2). Through their [confirmation + expansion] responses, the clients treat the staff members' KDs as doing two things [35]: claiming something about the clients' circumstances or experiences (i.e. something that the clients did or felt), and soliciting a more expanded report of those experiences/circumstances.

Table 3

Extract 3 (Mental Health TC; Rg3A1:128)

```
Staff member: Massimo (S-Mas)
Client: Franco (C-Fra)


01 S-Mas:   Franco. Sei in una botte di ferro.
            Franco. You're on safe ground.


02          Ti vedono tutti meglio. Tutti bene.
            Everyone sees you better. Everyone ((sees you)) well.


03 S-Mas:   Ma tu[:                               (1) Solicitation
            But you


04 C-Fra:      [S::ì:: perché:[: non sto[:
                Ye::s because I'm not


05 S-Mas:                     [è-     [è la       (1) Solicitation
                              is-      is it the


06          realtà? Ti senti così te.
            truth? Do you feel like that.


07 C-Fra:   Sì: perché non sto più cercando quella roba e  (2) Response
            Ye:s because I'm not looking for that stuff anymore and


08          (0.6)
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09 S-Mas:    A:h.
             A:h.


10           (2.6)


11 S-Mas:    Quindi tu non cerchi più quella roba.
             So you're not looking for that stuff anymore.


12           Non ne senti più il bisogno.
             You don't feel the need for it anymore.


13           (1.1)


14 C-Fra:    °No eh.°
             °No eh.°


15           (3.9)


16 S-Mas:    .hh No perché noi siamo an- (0.2)        (3) KD
             .hh No because we are al- (0.2)


17           a dir la verità un pochino preoccupati,
             to be honest a little bit worried,


18           perché:: (0.8) ti vediamo::: un (1.1)
             because (0.8) we see you a (1.1)


19           .hhh un po' asse:nte. Un po' isolato. Un po' distacca:to.
             .hhh a bit abse:nt. A bit isolated. A bit deta:ched.


20           (3.2)


21 C-Fra:    °Sì perché certe volte                   (4) Response
             °Yes because sometimes


22           sto un po' ma:le::: (e allora)°
             I feel a bit ba:::::d (and so)°


23           (4.9)
```

In extract 3 (Table 3 – Mental health TC), the client responds to the KD with a [confirmation +
expansion]. Other clients attending the meeting said that they saw an improvement in Franco's (a
client) behaviour (data not shown). Staff member Massimo summarises these clients' views (lines
1-2) and asks Franco about his own view on this matter (lines 3, 5-6) [5]. Franco confirms that he is

doing better because he is not looking for "that stuff" (i.e. illegal drugs) anymore. Massimo produces a tepid uptake ("Ah", line 9), followed by a 2.6 seconds silence and a summary of Franco's answer (lines 11-12) [36], followed by a 1.1 seconds silence; these moves give Franco opportunities to expand his response [1] but he only gives a confirmation ("No eh", line 14). Massimo then produces a KD (lines 18-19), which treats Franco's response as contradicting previous knowledge that the client is not doing well (the KD is preceded by "No because we are al-to be honest a bit worried", which conveys another reason for pursuing additional information: the staff are worried about his wellbeing). Franco does not respond immediately: a 3.2 seconds silence develops (line 20) (this is not uncommon in the interactions between Franco and the staff, who recurrently allow significant silences after questions addressed to him); Franco subsequently *confirms* this information ("Yes") and *expands* by reporting that sometimes he feels a bit bad (lines 21-22).

In Tables 1 and 2 the clients do not initially expand their reports in response to a KD and the staff pursue an expansion [25]. This provides evidence that the staff treat a [confirmation + expansion] as an appropriate response following a KD. In extract 2 (Table 2), Carlo only confirms the information conveyed through the KD but he does not expand his report (lines 24 and 26). Massimo then re-completes the KD (line 27) by reformulating its final component (previously produced at line 25), thereby signalling to Carlo that his response to the KD is insufficient. Carlo then expands his personal report (lines 28-29). In Extract 1 (Table 1), an 0.3 seconds silence emerges after the staff member's KD (line 14); the staff member then overtly pursues an expansion of the client's personal report ("What did you do"), which the client provides (lines 16-18). This shows that the staff members can treat an emerging silence as missing response on the client's part [25] (Table 3 illustrates a different way of managing a post-KD emerging silence: the staff member allows a 3.2 gap to develop at line 20 and the client eventually produces an expansion). Extract 1 (Table 1) differs from the other cases in that the client expands without confirming the information carried in the KD; this is because the staff member's question ("What did you do") directly pursues an expansion although the client has not yet confirmed the information conveyed in the KD. For some reason, the staff member seems to assume that this information (that the Manolo went out with Luna in the weekend) is correct and does not require confirmation.

There is additional evidence that the clients treat the staff members' KDs as soliciting [confirmation + expansion] responses. In some of the 8/18 cases where the clients *do not* respond with a [confirmation + expansion], they nevertheless display an understanding that KDs solicit this type of response.

Table 4

Extract 4 (Addiction TC; IntV2:1361)

```
Staff member: Roberto (S-Rob)
Client: Diana (C-Dia)


01 S-Rob:    Non sei mai uscita.              (1) Solicitation
             You never went out.


02           (1.5).


03 C-Dia:    No.                              (2) Response
             No.


04           (0.5)


05 C-Dia:    Cioè:: tipo:: va beh venerdì sera
             I mean like okay Friday night


06           non mi ricordo neanche aspetta.
             I don't even remember wait.


07           (0.4)


08 C-Dia:    Ve↑ner↓dì:: venerdì boh son tornata a casa
             Fr↑i↓day:: Friday I don't know I went back home


09           e son stata a casa?
             and I stayed at home?


10           (0.3)


11 C-Dia:    Sì:, mi sembra?
             Yes:, I think so?


12           (0.9)


13 C-Dia:    Poi sabato::: (0.8) alla matti:na:, (0.6)
             Then Saturday::: (0.8) in the morni:ng, (0.6)


14           °e::h (.) cavolo che memoria.
             °e::h (.) blimey what a ((bad)) memory ((I have)).


15           Non mi ricordo niente?°
             I don't remember anything?°
```

```
16          (1.5)


17 C-Dia:   °S:abato, (2.7) bo:h non mi ricordo
            °S:aturday, (2.7) I don't know I don't remember


18          più niente sinceramente.°
            anything anymore honestly.°


19          (0.7)


20 C-Dia:   Hah hah.
            Hah hah.


21 S-Rob:   A parte che ti sei arrabbiata          (3) KD
            Except that you got mad


22          e che hai strappato il fo:glio?
            and you tore up the pa:per?


23          (2.3)


24 C-Dia:   (So so[lito)
            (Sa same)


25 S-Rob:        [No, quello te lo ricordavi o no?
                  No, you remembered that or not?


26          Stamattina l'hai detto?
            You said so this morning?


27          (0.2)


28 S-Rob:   N' penso [che::
            I don't think that


29 C-Dia:            [Stamattina
                      This morning


30 S-Rob:   hai amnesie da stamattina ad adesso.
            you've had an amnesia since this morning.


31          (1.1)


32 C-Dia:   No ma adesso mi è venuto sonno.       (4) Response
            No but now I'm feeling sleepy.
```

```
33          (0.2)

34 S-Rob:   Va beh.
            Okay.
```

In Extract 4 (Table 4) an educator (Roberto) solicits a client (Diana) to report whether she went out in the weekend (line 1). After a negative answer (line 3), Diana both displays difficulty in recalling what she did and overtly states that she does not remember (lines 6, 14, 17-18) [37]. Roberto produces a KD, which treats Diana's response as contradicting previous knowledge (lines 21-22) that she got "mad" (the KD is prefaced with the words "except that", which set a contrast between this information and the client's claim that she does not remember and, hence, that there is nothing that she can report). After a 2.3 seconds silence and overlapping Diana's hard-to-hear response at line 24 (in which she might be downplaying the significance of the episode by saying that it is the "same" kind of thing that tends to happen to her), Roberto overtly challenges the idea that Diana does not remember (lines 25-30). The staff member thereby pursues a [confirmation + expansion], which the client has not produced in response to the KD. Diana confirms that she has not forgotten ("No", line 32) but, instead of expanding her report, she invokes an alternative reason for her inability to report (sleepiness). By giving a reason for not expanding, Diana displays an understanding that the KD solicits an expansion of her report on the weekend.

Table 5

Extract 5 (Mental Health TC; Rg1A:437)

```
Staff member: Barbara (S-Bar)
Client: Franco (C-Fra)


01 S-Bar:   Ti fa vedere le robe male.
            It makes you see things bad.


02          (0.3)


03 C-Fra:   (Sì.)
            (Yes.)


04 S-Bar:   Ma quali cos- facci un esempio dai.       (1) Solicitation
            But what thi- come on give us an example.


05          (.)
```

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06 S-Bar:   Perché faccio [un   po'  fati]ca-
            Because I'm struggling a bit-


07 C-Fra:                  [Tutte le cose.]            (2) Response
                            All things.


08          (0.6)


09 S-Bar:   E:h?
            E:h?


10          (0.5)


11 C-Fra:   Tutte le cose.
            All things.


12          (4.7)


13 S-Bar:   Ma e::::h (0.3) quando eri:::::::: a ((city)) però (0.6)  (3) KD
            But e::::h (0.3) when you were in ((city)) though (0.6)


14          non l'hai presa giu[sto.
            you didn't take it did you.


15 C-Fra:                     [Sì che l'ho presa.      (4) Response
                                Yes I took it.


16          (.)


17 S-Bar:   Eh.
            Eh.


18          (1.0)


19 S-Bar:   Hai detto tu che non l'hai [presa sempre.
            You said that you didn't take it all the time.


20 C-Fra:                             [No  l'ho  presa.
                                        No I took it.
```

Extract 5 (Table 5 – Mental Health TC) illustrates another way in which the clients can avoid expanding their reports: disconfirming the information contained in the KD. This further demonstrates that the clients treat the staff members' KDs as making a claim about their experiences or circumstances. By disconfirming this claim, the clients can avoid expanding their

personal report along the lines indicated in the KD. Before extract 5 (Table 5) Franco said that he does not want to take psychotropic medication anymore because it makes him "see things bad" (data not shown), a response that Barbara (staff member) summarises at line 1. Barbara then solicits Franco to provide more details (lines 4-6) but Franco gives generic responses, which fail to detail the nature of his symptoms (lines 7, 11). Barbara then produces a KD (lines 13-14), which treats Franco's report (specifically the idea that his medication is causing problems with his vision) as contradicting previous knowledge that Franco stopped taking the medication during his stay in another city (with the implication that this could be the cause of his symptoms rather than the side effects of the medication [38]). The KD solicits an expansion of Franco's report to reconcile this emerging discrepancy. However, Franco *disconfirms* the information conveyed through the KD (line 15); by so doing, he also resists expanding his report along the lines indicated in the KD. By insisting that he took the medication (line 20) Franco conveys that, from his standpoint, Barbara's information is incorrect, that there is no discrepancy to reconcile and hence that an expansion of his report is not required. The staff member pursues a confirmation (line 19) but the client disconfirms again the information contained in the KD (line 20).

3.3 Where KDs are used and how they are constructed

Two aspects are important to understand how KDs work: where they are used and how they are constructed. In terms of *where*, KDs are used in the third position of a larger sequence. In the first position, the staff members solicit the clients to report personal information. In the second position, the clients provide a response, which the staff members treat as insufficient. In the third position, the staff members employ a KD [25] to forward the agenda of the question produced in the first position (soliciting a personal report), to address an emerging problem with the completeness of the client's response, or its consistency with some previous knowledge, and to pursue a response that redresses that problem.

In terms of *how* they are constructed, KDs accomplish a shift from an unknowing to a knowing position [39]. For instance, in extract 3 (Table 3), line 6, the staff member's question is done from an unknowing position [26]: it targets personal experiences, which are by definition know to the client [40], and it *does not suggest* that the staff member may already have some knowledge about them. The KD at lines 18-19 accomplishes a shift to a knowing position: the staff member *now displays* that he already has some knowledge about the client's experience [26]. Transitioning from an unknowing to a knowing position enables the staff to challenge [41] the clients' implicit (Table 2, line 8) or explicit (Table 4, lines 17-18) claims that they have nothing to

report or that there is some impediment preventing them from reporting (Tables 1 and 5); KDs convey pre-existing knowledge that there are circumstances/experiences that the clients can and should report. This challenging function is recurrently signalled by the initial components in the turns containing KDs, which forecast some form of disagreement (Table 2, line 20, "*But* you also told me that"; Table 3, line 16, "*No* because we are […] a bit worried"; Table 4, line 21, "*Except that* you got mad"; Table 5, line 13, "*But* when you were in ((city))"). Additionally, the staff support their KDs, and the challenges that they convey, with two types of evidence [42]. First, the staff refer to information that the clients have already shared on a prior occasion either verbally (Table 4, line 26, "You said so this morning") [43] or in writing (Table 1, line 11, "You wrote in your planning"). This type of KD appears designed to make it harder for the clients to withhold information insofar as, if the clients persist in their claim that they have nothing else to report, they risk contradicting information that they have previously shared [44]. Second, the staff ground some KDs on their own 'reading' of the clients' behaviour [45]. In extract 3 (Table 3), the client reports that his condition has improved; the staff member's KD challenges this on the basis that the client's behaviour suggests otherwise ("We see you a bit absent"). This type of KD can be hard for the clients to dismiss for two reasons. First, it is based on information that the clients 'give away' through their observable behaviour, which is by definition hard to control [45]. Second, because 'reading' the clients' behaviour is within the remit of the staff members in their capacity as support workers, their observations regarding these matters can be hard to dismiss. Finally, in some cases the staff members do not provide the source of the KD and treat their knowledge as certain, with no need to declare its origin (Table 4, lines 21-22; Table 5, lines 13-14). However, when the clients fail to expand their reports following a KD, the staff members pursue an expansion by showing the source of that knowledge [8], thus treating it as something that the clients cannot easily dismiss and exerting increasing pressure on the clients to produce a [confirmation + expansion] response (e.g. Table 4, line 26, "You said so this morning" and Table 5, line 19, "You said that you didn't take it all the time").

4. Discussion and conclusion

4.1. Discussion

A central task in therapeutic interactions is to manage the boundary between respecting clients' primary right to voice their own experiences [5] and influencing the ways in which they report those experiences [46]. In the TC meetings examined in this study this tension emerges when the clients

fail to share personal information or do so in ways that contradict some previous knowledge. The TC staff members address this problem by momentarily shifting the distribution of prerogatives that characterizes the therapeutic relationship: through the use of KDs, they step out of their role as recipients of the clients' reports and disclose some personal information on the clients' behalf. The staff members subsequently reposition themselves as recipients and pass the baton on to the clients again with the conveyed expectation that they expand their personal report along the lines indicated in the KD. Through the use of KDs the staff members achieve a balance between influencing how the clients report their own experiences and preserving the clients as the primary authors of their own personal reports [5].

The use of KDs contributes to reinforcing a culture of sharing [12,47] in which the clients are expected to be open about themselves [22]. By soliciting the clients to share personal information, the staff forward the therapeutic agenda of the meetings (e.g. fostering self-reflection and mutual support and feedback) and maintain a regime of scrutiny in which the clients' conduct is monitored for its adherence to institutional rules and expectations [38]. For instance, in the Addiction TC, it is important for the staff that the clients report on their activities outside the physical space of the TC (particularly in the weekend, when the TC is closed; extracts 1 and 4); this enables them to monitor, amongst other things, whether the clients abide by the rules of the rehabilitation programme, which forbid drug use and engagement in illegal and antisocial conduct.

A question worth addressing is: if the staff members already have information about the clients' experiences or circumstances why do they not use it straight away? One possibility is that, by starting with first position solicitations that adopt an unknowing position, the staff members defer to the clients' knowledge about their own experience. This is in line with the orientation in support groups [24] (and perhaps in social interaction more generally [48]) to defer to people's right to voice their own experience (as opposed to the alternative of voicing it on their behalf; for other examples of professionals treating their clients' as knowledgeable agents see [49/this issue,50/this issue]). It is only after the clients have failed to share information (or have reported information that contradicts some previous knowledge) that the staff members temporarily override the clients' primary right to report their own experiences. KDs accomplish a small incursion into the clients' experiential domains (domains of knowledge over which the clients have primary authority [39,40,51-55]) to indicate that there is something that the clients can (and are expected to) report. Once the staff members have done this small incursion, the ball is back in the clients' court and the clients are expected to expand their personal report along the lines laid out in the KD.

4.2. Conclusion

This study documented how TC staff members employ KDs, i.e. the practice of displaying previous knowledge about TC clients' experiences and circumstances, to solicit them to expand their personal reports. Through the use of KDs, the staff members capitalize on the knowledge gained during their ongoing relationship with the clients and use it as a resource to solicit more personal information, which in turn contributes to expanding the staff members' knowledge base of the clients' experiences and circumstances.

4.3 Practice implications

TC staff members use KDs to solicit their clients to expand their personal reports; they use them after the clients have provided incomplete or inconsistent responses to an initial solicitation to report personal information. KDs appear specifically designed to make it harder for the clients to withhold information because they convey that the staff already have some knowledge about things that the clients could (and should) report. The outcome (i.e. whether clients expand their reports of not) is contingent upon negotiations that occur on a case-by-case basis: clients can confirm the information conveyed through the KD and expand their reports; they can initially withhold expanding their reports and expand them only after the staff members further pursue an expansion; or they can resist expanding their reports altogether.

Although this study documented the use of KDs in TC meetings, their relevance arguably extends to therapeutic settings where (a) it is important for the professionals to elicit exhaustive and consistent personal reports from the clients, and where (b) the professionals establish an ongoing relationship with the clients (and hence accumulate a significant amount of information about them). Future research is needed to establish whether and how KDs are employed in other therapeutic settings.

I confirm all personal identifiers have been removed or disguised so the persons described are not identifiable and cannot be identified through the details of the story.

Appendix A. Transcription conventions

The transcription style used in this paper was devised by Gail Jefferson [31] and is commonly used in CA to capture several aspects of speech production including temporal relationships (silences, overlaps) and intonation. The symbols employed in this paper are illustrated in what follows.

S-Mar C-Man	Participant role (S for staff, C for client) followed by the first three letters of their pseudonym
, ? .	Punctuation captures intonation, not grammar: Comma is for slightly upward 'continuing' intonation; question mark for marked upward intonation; and period for falling intonation.
[	Left-side brackets indicate where overlapping talk begins.
]	Right-side brackets indicate where overlapping talk ends.
(0.8) (.)	Numbers in parentheses indicate silences in tenths of a second. A period inside parentheses is a silence less than two-tenths of a second.
wo:::rd	Colons indicate a lengthening of the sound just preceding them, proportional to the number of colons.
wo-	A hyphen indicates an abrupt cut-off or self-interruption of the sound in progress indicated by the preceding letter(s).
w<u>o</u>rd	Underlining indicates stress or emphasis (usually conveyed through slightly rising intonation).
↑↓	An arrow symbol indicates a marked pitch rise or fall.
=	Equal signs at the end of one line and the start of an ensuing one indicate a ''latched'' relationship – no silence at all between them.
( )	Empty parentheses indicate talk too obscure to transcribe. Words inside such parentheses indicate a best estimate of what is being said.
hhh .hhh	The letter ''h'' is used to indicate hearable aspiration, its length proportional to the number of h's. If preceded by a dot, the aspiration is an in-breath. Aspiration internal to a word (e.g., laughter) is enclosed in parentheses.
°word°	Talk appearing within degree signs is lower in volume relative to surrounding talk.
((words))	Words in double parentheses indicate transcriptionist's comments.

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Conflict of interest

The author declares that there are no conflicts of interest.

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