

The use of why questions in child mental health assessments

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The use of why-prefaced questions in child and adolescent mental health assessments

Abstract

Questions form the basis of mental health assessments and yet there is limited empirical evidence about the linguistic structure of question formats in these clinical environments. While many types of questions are used, the focus of this research was on why-prefaced questions with children. Interaction analysis was employed to interrogate the data, paying specific attention to the interactional organisation of how 'why-prefaced' questions were asked and responded to. Analysis demonstrated that when three core components were present in the question, then it was usual for a reason/explanation to be provided in response, and when one or more component was missing, it rarely elicited a reason or explanation in response. The three components were the sequential position of the question, how the question was indexically tied to the child's prior statement, and the epistemic domain of the question. Implications for therapeutic communication and training were discussed.

Key words: Questions, children, qualitative, conversation analysis, assessment, mental health

Introduction

Mental health problems in children are being increasingly recognised as a priority area for health services. These problems occur in approximately one third of children and cover a range of emotional, behavioural and neurodevelopmental difficulties (Merikangas, Nakamura, & Kessler, 2009). Specialist mental health services have evolved to address this need and in the UK, and the National Health Service (NHS) provide specialist Child and Adolescent Mental Health Services (CAMHS). This service consists of multi-disciplinary teams of practitioners who conduct assessments, diagnose conditions, and deliver interventions (Karim, 2015).

The first step in addressing the needs of a child or adolescent who has been referred to a specialist mental health clinic is to conduct an assessment. Such mental health assessments have several interrelated purposes, including diagnosis or case formulation to determine the nature of the presenting problems, identification of risk, and treatment design and planning (Mash & Hunsley, 2005; Sands, 2004). In the case of children, assessments also involve asking questions of parents/carers to gather a holistic picture. Furthermore, the interaction within the first assessment provides a platform for future engagement with the service. However, there is little qualitative evidence that has investigated initial assessments in mental health (Hartzell, Seikkula, & von Knorring, 2009) and subsequently, limited examination of the communication and interaction within them.

Communication and interaction in any clinical setting relies heavily on the verbal exchange between practitioners and their clients. Words have a transformative power to significantly influence the trajectory and thus the outcome of therapy. Given the fundamental reliance on communication, and the crucial nature of questions in child and adolescent mental health assessments, and health settings more generally, it is surprising that there is limited empirical evidence on the use of questions in this clinical environment. Mental health practitioners from all professional backgrounds are familiar with the use of questions as an information elicitation device, as well as being a vehicle to perform other actions. For example, Butler et al (2010) examined the use of questions

as a mechanism for proffering suggestions or offering advice rather than using a declarative statement. In counseling ‘Socratic’ questions are also used to facilitate the capacity for reflective insight and the exploration of alternative actions or solutions (Carey & Mullan, 2004). Additionally, circular questions are used to help clients understand issues from other people's perspectives (Nelson, Fleuridas, & Rosenthal, 1986). However, this area of practice has not been fully examined, particularly using naturally occurring data.

In any institutional setting, questions can perform different functions (James, Morse, & Howarth, 2001) and therefore it is important to develop an understanding of question and answer sequences in institutional discourse (Ehrlich & Freed, 2010).

Notwithstanding the evidence relating to the various interactions accomplishments that questions can be used to facilitate, it has been argued that in mental health settings, the primary function of questions is to elicit sufficient information for assessing symptoms (Thompson & McCabe, 2016). The ways in which practitioners' questions shape the accounts that children give in mental health settings has been an area that researchers have started to explore (Stafford, Hutchby, Karim & O'Reilly, 2016). In mental health assessments in particular, some research has indicated that the form of a question turn itself is important in relation to its performance in situ (O'Reilly, Karim & Kiyimba, 2015). Problematically however, despite the ubiquitous use of questions in mental health settings there is comparatively limited empirical work that has investigated the effectiveness of questions in practice. Arguably, it is not simply the form of the question that makes it what might be considered an ‘effective’ question, but also the situated use of that question within the institutional context, the way in which the question is asked and the sequential environment in which it occurs.

Clinically, it has been proposed that most practitioners find open questions tend to elicit richer information than closed questions (DeVoe, 2002). Grammatically most open questions are *wh*-prefaced and occur at the beginning of the sentence (Thompson & McCabe, 2016). Different types of *wh*-prefaced questions ('what', 'where', 'which', 'who', 'when' and 'why') have different interactional consequences, with phrasal responses doing ‘answering the question’ and clausal indicating some trouble in the response (Fox

& Thompson, 2010). For example, research has shown that in some environments dominated by disagreement and complaint (Koshik, 2005) some *wh*-questions may be experienced as challenging (Koshik, 2003). Additionally, research by Pomerantz (1980) has shown that the use of 'why' and 'how come' questions frequently elicited responses in the form of accounts. More specifically it has been argued that 'why' interrogatives imply a challenging stance, such as blaming, complaining, or criticising, and may communicate that an event or behaviour is socially problematic (Bolden & Robinson, 2011). Bolden and Robinson (2011) also argued that 'why' interrogatives commonly perform disalignment or disaffiliation with recipients. Thus, the current literature that draws upon institutional discourses indicate that the use of 'why-prefaced' questions can be counterproductive as they may be experienced as challenging or judgemental, or at least as account-seeking.

The purpose of this research therefore was to apply an inductive inquiry into the use of questions in child and adolescent mental health assessments. Specifically, this study focused on the use of 'why-prefaced' questions within this setting.

Method

Context and Setting

In CAMHS families are invited to attend an initial mental health assessment for their child or adolescent following a referral (typically from the General Practitioner [GP]). Twenty-eight families were recruited and their naturally-occurring video-recorded assessments constituted the data set. Each assessment lasted approximately 90 minutes, totalling 2240 minutes of data.

There were 29 mental health practitioners within the CAMHS team and each of them participated in at least one or more of the assessment sessions. The practitioners included consultant, staff-grade and training grade child and adolescent psychiatrists (10), clinical and assistant psychologists (5), community psychiatric nurses (CPNs) (5),

learning disability nurses (1), occupational therapists (4) and psychotherapists (2). Three of the initial assessments also included a medical student or student nurse.

The participating families' demographics were representative of typical CAMHS caseloads, which were 64% male and 36% female. Children and adolescents ranged from 6 to 17 years old with a mean age of 11 years and were accompanied to the session by adults, with 27 accompanied by mothers, 8 by fathers and 6 additionally accompanied by maternal grandmothers. In some cases other family members also attended, including siblings and aunts/uncles, and occasionally other professionals involved with the family.

Data analysis

Interaction Analysis was utilised and was informed by the precepts of Conversation Analysis (CA). Interaction Analysis that draws upon the principles of CA is a useful approach as it allows for close attention to the details of the interaction as they occur in the natural setting (Jordan & Henderson, 1995). Notably, a focus on social interaction is important in mental health settings, and interactional approaches using CA are powerful for examining psychiatric conversations (Karim, 2015). Furthermore, Interaction Analysis is particularly useful for the examination of questions (Jordan & Henderson, 1995).

Close attention was paid to the data to examine how families within the interactions displayed an understanding of what they were doing and saying (see Hutchby & Wooffitt, 2008). Following the procedures of Interaction Analysis, repeated viewing of the video data took place, alongside discussion of the emergent assertions so that they could be applied and examined in relation to the entire data corpus (Givry and Roth, 2006). Specifically, analysis focused on interrogating both how 'why-prefaced' questions were asked and the sequential environment within which they occurred. A secondary interest was in the ways in which children and adolescents responded to certain formats of question production. A transcription convention was used that not only demonstrated what was said, but how it was said in terms of tone and other

paralinguistic features, consistent with approaches that draw on the principles of CA (Jefferson, 2004). The data were therefore presented in full Jefferson form throughout.

Ethics

This research conformed to the requirements of full ethical review from the National Research Ethics Service (UK) and was granted approval. In practice, all core ethical principles were followed (Beauchamp & Childress, 2001). All participants were provided with information about the project. Information for younger participants was written in age-appropriate language, and was sent to families with their appointment letter up to three weeks prior to attendance. Written consent was collected by the research team before and after the initial assessment from practitioners, parents, children/adolescents and other attending parties. All transcripts were anonymised and all parties were given the right to withdraw their data prior to publication without impacting on clinical care.

Findings

Through analysis of the ways in which children and adolescents responded to why-prefaced questions, some recurrent question/response formats were identified. The findings indicated that there were consistent patterns in why-prefaced question-answer sequences that seemed to render them more or less 'effective'. From the perspective of considering the primary function of why-prefaced questions in this setting as fundamentally reason-seeking, the effectiveness of questions is defined as those which elicited explanations or *reasons* in response, indicating also that they were treated by the recipient as seeking a reason or explanation.

In Interaction Analysis where question-answer sequences occur, the term projectability is used to refer to the typical range of "likely next occurrences" (Jordan and Henderson, 1995, p. 41). In other words, when a question is asked, the likely next occurrence is for an answer to be provided, and in particular, the *kind* of answer that is an appropriate response for that question. It was observed that in some of the data there were occasions

where an answer was provided to a why-prefaced question that evidentially was subsequently treated as sufficient by the speaker asking the question. However, there were also occasions when either no answer was given, or the answer provided was treated as insufficient or inappropriate. This observation stimulated an interest in closer examination of the construction of these questions and the sequential environments in which they occurred in order to understand this phenomenon more clearly. What was observed was that there appeared to be regularity in sequences where adequate or sufficient answers were provided in response to why-prefaced questions; in the sense that the speaker asking the question treated the reason or explanation provided as consistent with the nature of the question. There were three components to these sequences that regularly occurred, and a notable consistency that all three components were present in environments where for a reason or explanation was provided by the recipient.

These three components were identified as:

- 1- Sequential – The why-prefaced question was positioned immediately after the child's or adolescent's turn.
- 2- Indexically tied – The why-prefaced question was indexically connected to the subject and content of the child's or adolescent's prior turn.
- 3- Epistemic domain – The question was framed as seeking a reason from the child or adolescent that could reasonably be expected to be within their own epistemic domain.

Extract one is an example of how these three components functioned to elicit a reason from the adolescent with regards to the compulsion he had reported to 'touch things'. The Community Psychiatric Nurse (CPN) was asking whether there were particular rooms where this compulsion did not feel as strong. As previously acknowledged, why-prefaced questions tend to imply blame, criticism or complaint, and are thus account-seeking (Bolden & Robinson, 2011). Notably, one aspect of the sequential positioning of the why-prefaced question after the adolescent's turn in which he has stated a room in which his compulsion is not as strong, is that it appears to mitigate against its usual accusatory nature. The reason for this appears to relate the why-prefaced question's

immediacy following the adolescent's turn, and that it directly relates to a statement made by the adolescent himself.

Extract 1: Family 21

CPN Is there any room where it feels better?
Adol Spare room
CPN **Why the spare room?**
Adol Cuz there's:: hardly nofin' in there to touch
CPN Okay

* Adolescent is 17 years old (M)

For the sake of clarity, we map this extract onto the three components previously introduced. Sequentially, the why-prefaced question is positioned immediately after the adolescent's turn '*spare room*' – '*why the spare room?*' There is also a clear indexical link between the why-prefaced question and the turn preceding it, in relation to both its subject and content. In this example the exact words spoken by the adolescent '*spare room*' are repeated by the CPN. In terms of the epistemic domain, the why-prefaced question is clearly framed as a question to which the answer could reasonably be expected to be within the adolescent's sphere of knowledge about his own experience '*where it feels better*'. In other words, by privileging the epistemic domain of the adolescent, it affords him rights to know his own state of mind, experiences and events in which he was involved. That is, in interaction, the speaker's epistemic access to a domain of information is stratified between the interlocutors in that they have different positions as either knowledgeable or not knowledgeable about a phenomenon (Heritage, 2010), and one's personal feelings are an area where the individual would be expected to be knowledgeable.

In the following extract, the conversation is focused on the topic of the adolescent missing school and frequently being late. As with many of the topics discussed in mental health assessments, non-attendance or lateness for school is problematic, and therefore normatively considered to be accountable. However, the typical accusatory tone of questions that seek out 'why' someone is behaving in a certain way appears to

be mitigated by its sequential position as a direct response to the adolescent's statement. In other words, the mitigating aspect appears to be the fact that the admission about always being late was initiated by the adolescent himself.

Extract 2: Family 18

Adol* an' I never went to school like full-time (0.4)
 anyway (.) I always used t' (0.7) I was (.) I
 was always late
 (0.9)

Psychiatrist So why were you late for ↓school?

Adol I never got up

Psychiatrist Okay

* Adolescent is 13 years old (M)

It is argued that the adolescent's initiation of a confession '*I was always late*' had the effect of inoculating the potential accountability of that behaviour. In other words, by the adolescent himself volunteering an admission of a normatively accountable behaviour (being late), the accusatory implication of the subsequent why-prefaced question appears to be lessened. A feature that is shared by this example with the first extract is the sequential position of the why-prefaced question immediately after an admission by the adolescent. Importantly, the psychiatrist in this extract opens the why-prefaced question with the discourse marker 'so'. It has been noted in CA research that 'so-initiated turns' occur in environments where their presence serves to advance that particular interactional agenda (Bolden, 2009). In other words, 'so' prefaced turns indicate that the forthcoming utterance builds on and continues a certain trajectory of talk (Schegloff, 1986). In so doing, it treats the previous talk as constitutive of a shared knowledge base between the two parties, which provides a basis for the psychiatrist to pursue further information.

Extract 3: Family 7

MHN2 wh↑at's your favourite ↑subject

Adol* it was Engl_↓ish
 (2.5)
 but I don't know ↓I- that's cos
 (2.5)
 (I don't) ↓like the others

CPN2 'k (.) ↓what don't you ↓like

Adol er:
 (1.8)
 French

CPN2 **why** ↓**don't you like French?**

Adol ca:s I- I ↓can't speak ↓French
 (1.2)
 so I ↑don't ↓really wanna learn

Adolescent is 14 years old (M)

In extract two the practitioner accepted the adolescent's admission of being late, and the fact that the lateness was the topic of the why question '*why were you late for school?*' demonstrated that the presupposition of lateness had already been agreed. Similarly, in this extract (Extract 3), the why-prefaced question asked by the practitioner '*why don't you like French?*' was apparently built on the previously agreed premise that the adolescent did indeed dislike French as a subject at school.

In all three of the extracts presented so far, it is notable that the practitioners engaged in conversational work to establish a shared knowledge base, which provided the foundation for the pursuit of an explanation using a why-prefaced question. For example, in extract 3 in relation to the indexical tying of the CPN's turn to the adolescent's previous turn there is a connection in both subject (not liking French) and content (using the adolescent's words – *French*). In this extract the CPN was specific about the subject at school being referred to '*French*' and thus provided clarity about the expectation of the appropriateness of the kind of explanation being sought. It is normatively understood that not liking something is a personal preference and thus is a matter that is easily within the epistemic capacity of the adolescent. Thus, the focus of the why-prefaced question is constructed as assumed to be answerable by the recipient. Indeed, people are expected to know about their own thoughts and feelings (Pomerantz,

1980). Similarly, in extract two the why-prefaced question was constructed in a way that displayed an expectation of the adolescent to have access to the epistemic domain of an explanation for his regular lateness to school. This treated him as being able to provide an appropriate answer to the question. In extract three the same epistemic privilege was assumed, as liking or disliking French is a personal experience.

All three extracts demonstrate what can be considered to be an effective question construction in relation to the definition offered; that is that the question treated the provision of a reason as expected and required, a reason or explanation was provided, and that reason was treated as sufficient by the person who had asked the question. We argue that key to the elicitation of 'reason-giving' type responses from these adolescents were the three interactional components of the sequences of talk. A common feature of the extracts presented so far is that the why-prefaced question used exactly the same words of the adolescent within the question. In the following extracts, we demonstrate that the three interactional components of why-prefaced question sequences were still 'effective' even without mirroring the exact words. In conversation analysis, the term 'tying' is used to refer to the indexing of previous turns in the current turn without specifically using the same words (Sacks, 1992). For example, the use of words such as 'that', 'they' or 'it' can demonstrate indexicality without repeating the actual words of the previous speaker. In the following two extracts (4 and 5) the practitioners use this kind of indexical tying to refer to the subject and content of the child or adolescents' prior turn. However, it was still necessary that all three of the components specified were present in the sequence for a reason or explanation to be provided in response.

Extract 4: Family 18

Psychiatrist	What <u>wha</u> t about ↓school?
Adol*	uh (2.4) No I don't I don't like <u>te</u> achers
Psychiatrist	You ↓don't like teach↑ers
Adol	°no:°
Psychiatrist	Why's ↑ <u>that</u> ?

Extract 6: Family 17

Psychiatrist okay(0.2)what was ((names school)) like ↓for you

Adol* it was alright like (used to go) studio and ↓that in there

Psychiatrist right (0.8) so w- what made it better at ↓((names school))for you

Mum °smaller°

Psychiatrist hum

Mum smaller cl[ass I think]

Adol ([no: that m]ade it worser)

Mum You think so?

Adol Ye:ah

Psychiatrist **Why did it m[ake it ↓worser?]**

Mum [You had no beh]avioural pr[oblems ↓there though]

Adol [cos I like] cos I don't like chilling(0.38)In a room just like just like five p↓eople

* Adolescent is 16 years old (M)

In this extract, there was interjection by the adolescent's mother who answered the initial question posed by the psychiatrist about school 'what made it better at ((names school)) for you?' This question was clearly designed for the adolescent, as a next speaker selection was identified as 'you', i.e., the person who attends school. Nonetheless, although the mother provided responses and there was an active disagreement from the adolescent with her assertion ('no that made it worser'), the progressivity of the sequence was maintained and all three components of the sequence can still be observed. Consequently, a reason in response to the why-prefaced question was effectively elicited from the adolescent.

The focus thus far has been on sequences of interaction that contained the three specified components that appear to promote projectability of certain kinds of responses from children and adolescents that comprise a 'reason' type answer. We have characterised these questions as 'effective' as the responses were subsequently treated by the practitioners as sufficient. We have evidenced the three components through the data, which were that the sequential position of the why-prefaced question followed immediately after a statement by the child or adolescent, was indexically tied to that turn, often using the same words as the child or adolescent and was within their epistemic domain, and thus answerable.

We now present the case for interactions where why-prefaced questions were not effective in eliciting reason-giving responses from children and adolescents, and thus were treated as insufficient by practitioners. Our argument for why these particular interactions were less effective is that they did not contain one or all of the core components that we have previously demonstrated to be characteristic of effective reason-elicitation why-prefaced questions. The following extracts are examples of sequences where children and adolescents did not provide answers to why-prefaced questions that might normatively be considered sufficient. In these cases, children and adolescents used several different types of responses (or non-responses) that indicated interactional 'trouble'. An advantage of using Interaction Analysis is its utility for investigating environments where there appears to be trouble within a specific activity sphere (Jordan and Henderson, 1995). The specific indices of trouble observed in the data were: denial; the use of 'I don't know'; or remaining silent. Each of these types of responses is presented in turn, starting with extract seven, which is an example of a child responding with denial.

Extract 7: Family 16

Mum	Kolomban wanted to burn down my bedroom
Psychiatrist	°right° (0.38) ° why did you want to do that Kolomban? °
Child*	°I didn't°
Psychiatrist	°Right°

(1.3)

Why would she do that?

Ado1 >I don't know<

CPN How old is she?

Ado1 >Same age as me<

* Adolescent is 17 years old (M)

This extract starts with a statement from the adolescent about his fears relating to his ex-girlfriend '*I thought she was gonna come in and kill my family*'. In this respect the sequence fulfils component one, which relates to the sequential position of the question as directly following a statement from the adolescent. Component two is also present in this extract in terms of being indexically tied to the subject and content of the adolescent's prior turn '*why would she do that?*' However, in this example, the why-prefaced question resulted in the adolescent responding '*I don't know*'. Notably, the use of 'I don't know' does not necessarily reflect a cognitive claim on the part of the adolescent; rather, it can display some sort of trouble with the question or its content, and can be a strategic way of not answering a certain question (Hutchby, 2002). We argue that it is the question itself that is problematic in this instance, and a contributing factor to this why-prefaced question being ineffective due to its scope being potentially outside his epistemic domain. This is reflected by the response of the adolescent in the sense that a reason is not given. Specifically, the question asks what the *ex-girlfriend's* motivations might have been and not his motivations. Clearly, asking about someone else's motivations or cognitive processes is different to asking about the recipient's own motivations or processes. In other words, it is essentially more problematic to seek a reason for someone else's behaviour than it is to seek a reason for the recipient's behaviour. Therefore, component three, which relates to the adolescent's epistemic rights to knowledge about their own motivation, is not present in this interactional sequence. Arguably therefore this may be one of the reasons why this sequence fails to elicit a reason from the adolescent.

In the data, another interactional resource used by children and adolescents was not responding to the why-prefaced question at all. Instead, periods of silence followed. The following extract is an example of this.

Extract 9: Family 21

CPN (.hhh) what we speak about is confidential (.) okay
(1.0)
the only time that that would get broken (.) would
be: <if you told me that> (0.8) you'd got thoughts of
hurting your↓self or hurting other people(0.5) or
that (.) somebody was hurting ↓you (0.30) okay then
we'd have to sort of inform somebody ↓else but
otherwise it kind of (0.3)just stays with us
(1.7)
Alice will be making some ↓notes just because our
memories are not very good so we need to kind of
remember what we've spoke about today (0.9) okay
(0.6)
a:nd I s'pose the obvious ↓thing would be to ask you
(0.6) why you've come back?
(1.1)
why you've been referred back to us?

Adol* (4.0)
er
(4.7)

CPN Cuz we've got a letter from your GP:
Adol Yeah

* Adolescent is 17 years old (M)

This extract starts with a typical preliminary statement from the practitioner about the limits of confidentiality within the session. The end of this pre-amble is marked by evidence of topic shift '*okay (0.6)*' after which the CPN introduces the first assessment relevant topic. From the practitioners' perspective questions seeking the child's understanding of the reasons why they are attending mental health clinics are common in these kinds of interactions, because this understanding can aid engagement (Stafford et al., 2016). In this case the CPN begins immediately with a question relating to why the adolescent thinks they are attending. The CPN uses two slightly different formats

for introducing this question. Importantly, neither of these why-prefaced questions relate sequentially to a prior turn of the adolescent, thus component one is not fulfilled. Therefore, as there is no prior turn from the adolescent, there is also no indexical component. Consequently, the adolescent did not provide a reason in response to the double why-prefaced question, and instead there is silence. In mundane conversation, it is unusual for there to be pauses longer than a few milliseconds (Sacks, 1992). Therefore, it is particularly notable that at this point there were several lengthy pauses (*1.1 seconds*), (*4.0 seconds*), and (*4.7 seconds*), which appear to be interactionally significant. Furthermore, we note that not only were the first two components absent in this example, but also the epistemic domain component had some ambiguity. It seems that that the why-prefaced question did not invoke the adolescent's epistemic domain, as although the pronoun 'you' was used '*why you've been referred*', the epistemic realm inferred was actually that of the general practitioner who made the referral. Thus, it is questioning the motivation of the doctor in making the referral rather than the adolescent's reasons for being referred.

Evidently, as the examples provided demonstrate when one or more of the components of what has been argued to be the characteristics of an effective why-prefaced question were absent, the child or adolescent did not produce a reason or explanation in response to the question as would be normatively expected. In other words, if the question was not sequentially positioned following a statement or turn from the child/adolescent, was not indexically tied to the content of that turn or was not within the child's or adolescent's epistemic domain, trouble was indicated and an explanation or reason was generally not forthcoming.

Discussion

The application of Interaction Analysis provides a unique opportunity to examine in detail the communication of clinical interactions and is an important process-oriented approach. We have demonstrated the benefits of using this type of analysis to interrogate recordings of actual child and adolescent mental health assessments.

Specifically, we have attended to the sequential arrangement of why-prefaced questions in the context of preceding and proceeding turns. Interaction Analysis also enabled the close attention to the exact usage of certain words and has shown that children's or adolescent's responses to why-prefaced questions may hinge on the way practitioners formulate the design of the question.

Although previous research has indicated that 'why'-prefaced questions have inherent characteristics that can be perceived as potentially challenging or accusatory (Stivers and Robinson, 2011), we have shown that this may not always be the case. When why-prefaced questions are used with children or adolescents in a mental health context there is an underlying complexity that is not immediately apparent. We have shown that three components are important for why-prefaced questions in this setting, and that 1) depending on the sequential positioning, 2) the indexicality of the question construction, and 3) the assumption of the epistemic domain of the recipient, these can be more or less effective in eliciting a reason or explanation. Our analysis has demonstrated that there were occasions where why-prefaced questions asked of children or adolescents failed to elicit a response that provided a reason or explanation and was treated by the practitioner as in some way insufficient. This tended to occur when one or more of the components specified from the question construction was absent. In relation to child or adolescent responses where trouble was indicated, the data illustrated that there were several discursive resources employed by recipients, such as denial, responding with 'I don't know', or remaining silent.

The implication of ineffective information gathering is that decisions about appropriate treatment options are hampered. This is particularly important as first encounters with mental health services are recognised to be crucial in setting the foundation for the trajectory of treatment pathways (Hartzell, Seikkula & von Knorring, 2010). The ineffective use of why-prefaced questions during initial assessment appointments may be a contributing factor to negative experiences with services. For example, research has indicated that when attending mental health services some families report feeling frustrated that practitioners did not sufficiently engage with or understand them and that their views were not taken seriously (Buston, 2002). This is particularly problematic as

when children and adolescents experience mental health services in a negative way they are less likely to attend future appointments (Buston, 2002).

Previous research has indicated that practitioners may misattribute poor clinical outcomes to client's resistance or avoidance as opposed to ineffective questioning (James et al., 2010). An interesting point for reflection therefore, in relation to the data we have presented, is how much of what might be attributed to client 'resistance', might actually be partly the result of poor question design. We argue that the denials, deflections, and silences in response to the why-prefaced questions that did not include all three components, are indicators of potential trouble in the interaction. While these indicators of trouble could potentially be construed as 'resistance', we suggest that trouble in an interaction is not unilaterally accomplished, but is inevitably a product of the contribution of both interlocutors. Notwithstanding the fact that children and adolescents vary considerably in chronological and developmental age, nature of the presenting problem, and temperament, our data has demonstrated that there was some consistency across all of these variables with regard to the relationship between the question design and the indicators of trouble in the child's or adolescent's response.

This has implications for the training needs of practitioners in communicating with children and adolescents in a mental health assessment context. Research has shown that practitioners involved in initial assessments often have little if any formal training in assessment-specific question design (Grigg et al., 2007). Although there is on-going attention to improving the communication of practitioners at all levels of experience, further attention to the specifics of question design would enhance the professional development of practitioners from a range of disciplinary backgrounds. Although experienced practitioners may automatically utilise effective communication techniques, translating and conveying these practices to trainees can sometimes be difficult. An understanding of the phraseology in sequencing of effective questions and the particular environments in which they are used, could be very beneficial for trainee and experienced practitioners. We recognise that not all practitioners representing different therapeutic modalities conduct assessments in the same way and that the use of why-prefaced questions are not adopted by all clinical groups in mental health settings.

Nonetheless we have demonstrated the power of question design and have shown that the exact use of words and the sequencing of how and where questions are introduced in the interaction are influential in eliciting favoured responses. This is an applicable and important lesson to consider in any setting where questions are asked of children and adolescents. We would encourage more research of this nature to enable a synthesis of findings.

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