

# Conversation Therapy: Four findings and a folly

“Hearing Care for Adults:  
The challenge of ageing”

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# OISR - A common repair sequence

## Extract 3.9 OISR sequence following general inquiry – “Visiting in June”

1	J	TS	y'know they might say they can't see us in [ɪ/
2	N	RI	[sorry] they might
3	J	R	say that they can't see us in all of (0.6) June↑
4			(2.3)
5	N	RC	ye:s but the problem then is if it can't be (1.0) the end of June
6	N		what happens in (1.2) the four weeks prece:ding ....

(S1.D2.NJ.014)

## Extract 3.10 OISR sequence - “The only problem”

1	J	TS	the only (0.4) only problem if they came in afterwards would be
2			(1.1)
3	N	RI	(/m kə/) you're dropping again darling
4	J	R	the only problem would be if they came in afterwards
5	N	RC	yeah
6	J		whether or not u:m /jə/ know we have to ask (0.4) Angela to
7	J		feed the cat ....

(S1.D2.NJ.373)

Who identifies the need for repair?

# Clinical patterns of repair behaviour

- Can we reliably sample conversation repair?
- Is repair behaviour consistent over time?
- Is repair influenced by intervention?
- Does repair in continuous discourse tracking mirror repair in conversation sampling?

# Some brief words on methodology

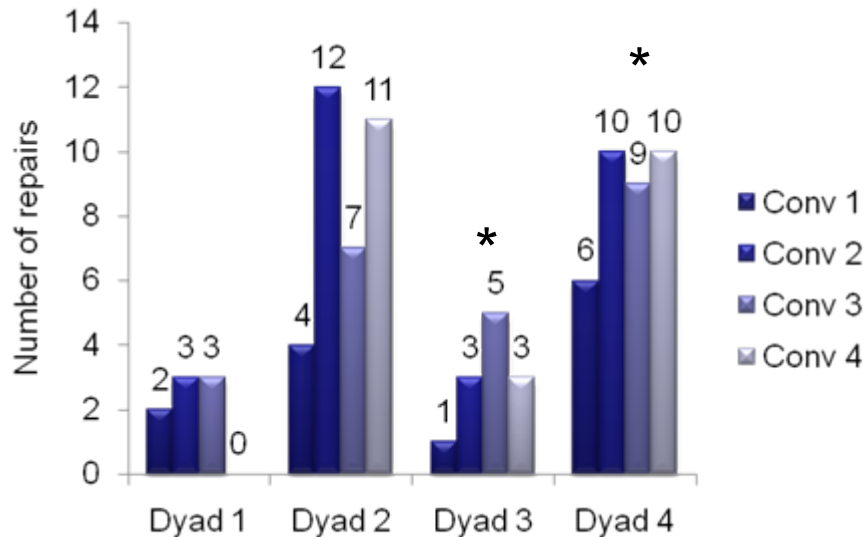
Unless otherwise stated:

- Dyadic conversation
- Free and unstructured conversation
- Familiar conversation partners (usu. partner/spouse)
- Quiet, well-lit clinical setting
- Conversation as focal activity
- Audio-recordings transcribed in full
- Repair sequences identified, classified, analysed
  - “Attributed” to person initiating the repair

# 1. Lind (2006)

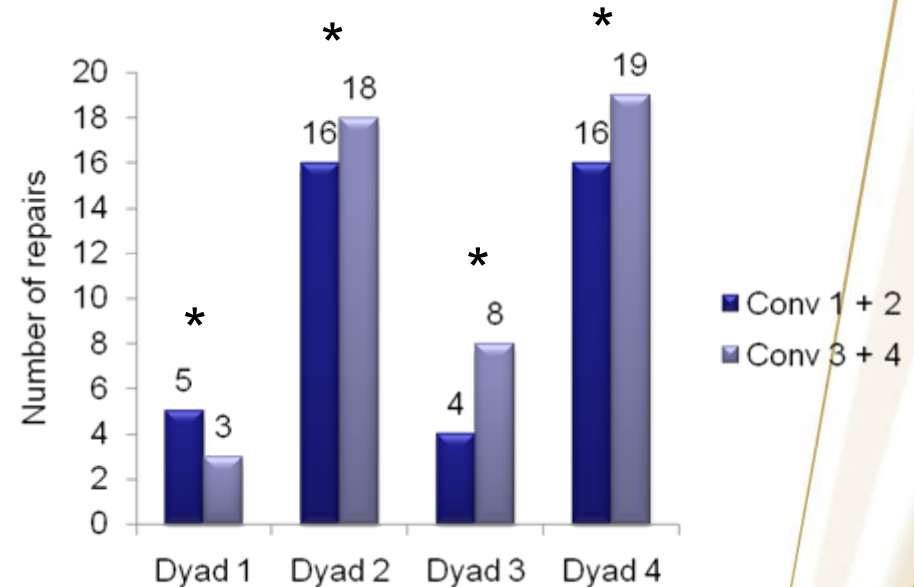
- Are repair sequences that arise in free conversation in the clinic between adults with acquired HI and their FCPs (valid and) reliable indicators of sequences in everyday conversation?
- Focus on reliability
- Validity good also (presented elsewhere)
- 4 x 20 minute conversation samples
  - 1<sup>st</sup> 2 recorded on one visit, 2<sup>nd</sup> 2 recorded on one visit a week later
- 4 familiar dyads

# 1. Reliability of sampling repair behaviour



20 minute samples:

\* Goodness of fit in **only two** samples (Freemen Tukey  $\chi^2$ )



40 minute samples:

\* Goodness of fit in **all four** samples (Freemen Tukey  $\chi^2$ )

## 2. & 3. Golab and Lind (2009)

1. Does HI have an effect on the occurrence of repair in conversations involving HI individuals and their frequent communication partners (FCPs)?

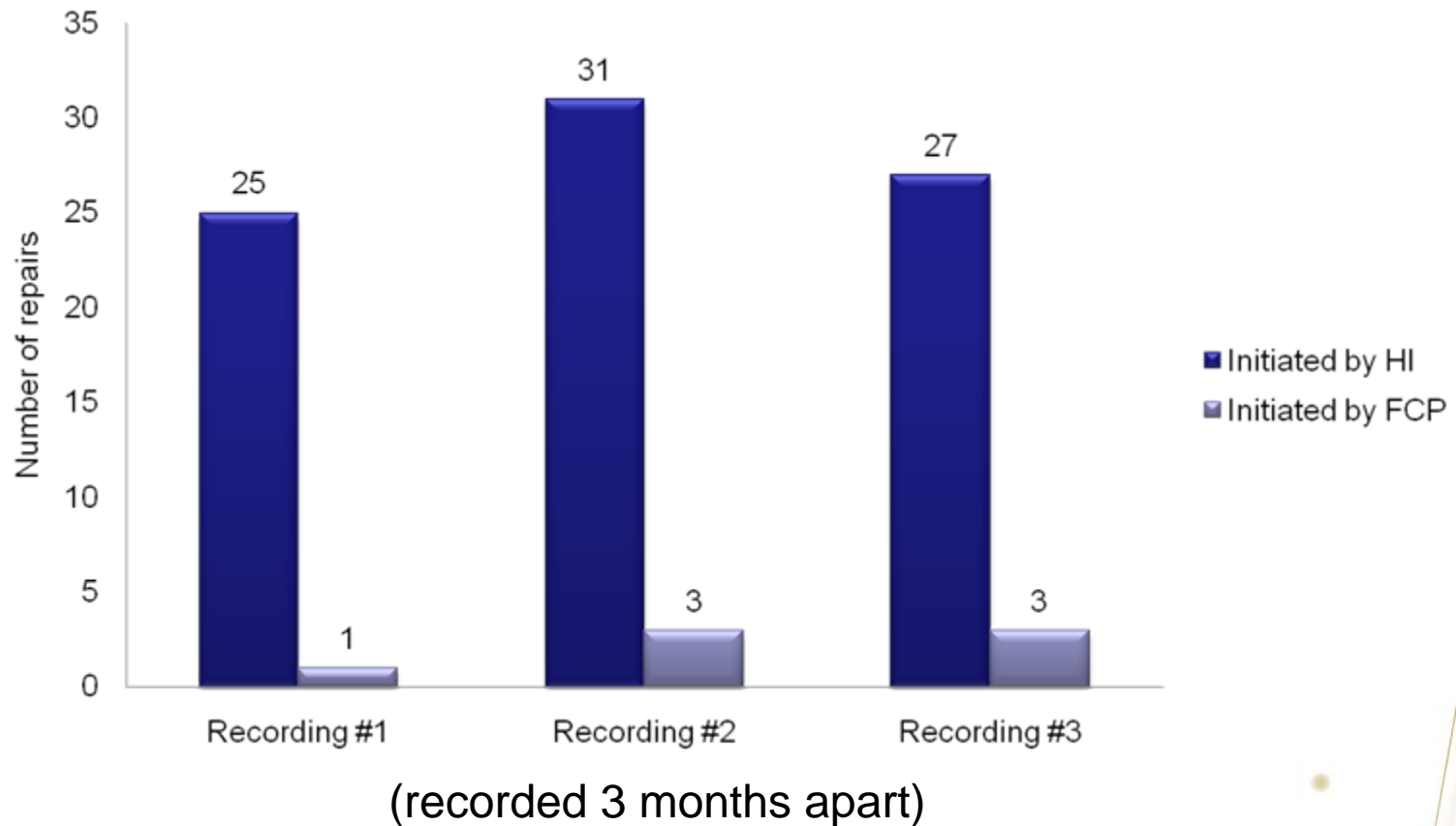
...and if so, what patterns of repair typically occur?

*and subsequently*

2. Does cochlear implantation alter the occurrence of repair in conversations involving HI individuals and their FCPs?

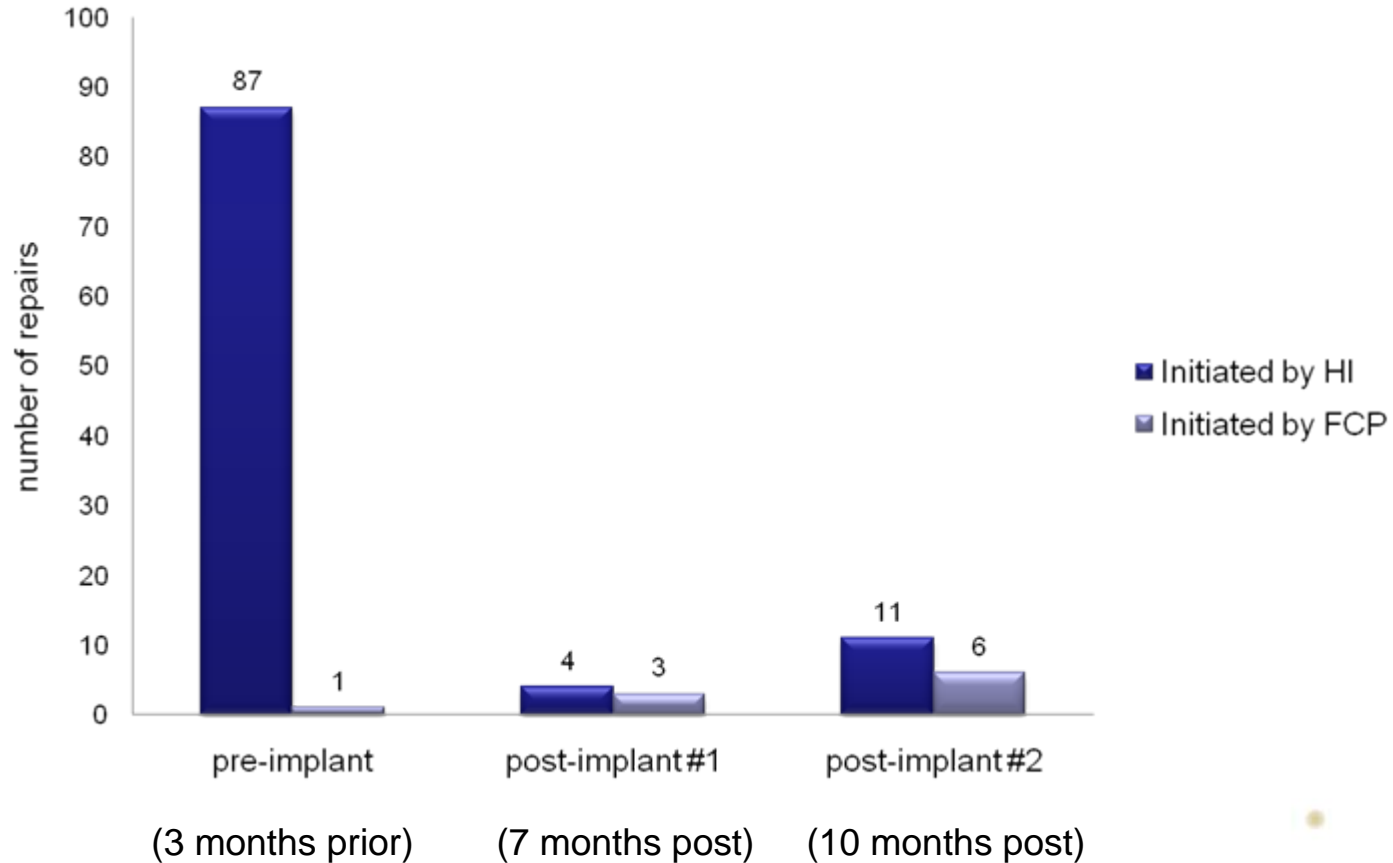
...and if so, do the patterns of repair alter?

## 2. Stability of repair behaviour over time





### 3. Change in repair behaviour following intervention



## 4. Okell and Lind (2009)

- Do repair sequences in continuous discourse tracking mirror those occurring in conversations between adults with acquired hearing impairment and their familiar communication partners

.....and if so how?

Analytic methods

- Qualitative – sequential analysis
- Length of (turns taken to resolve) repair sequences

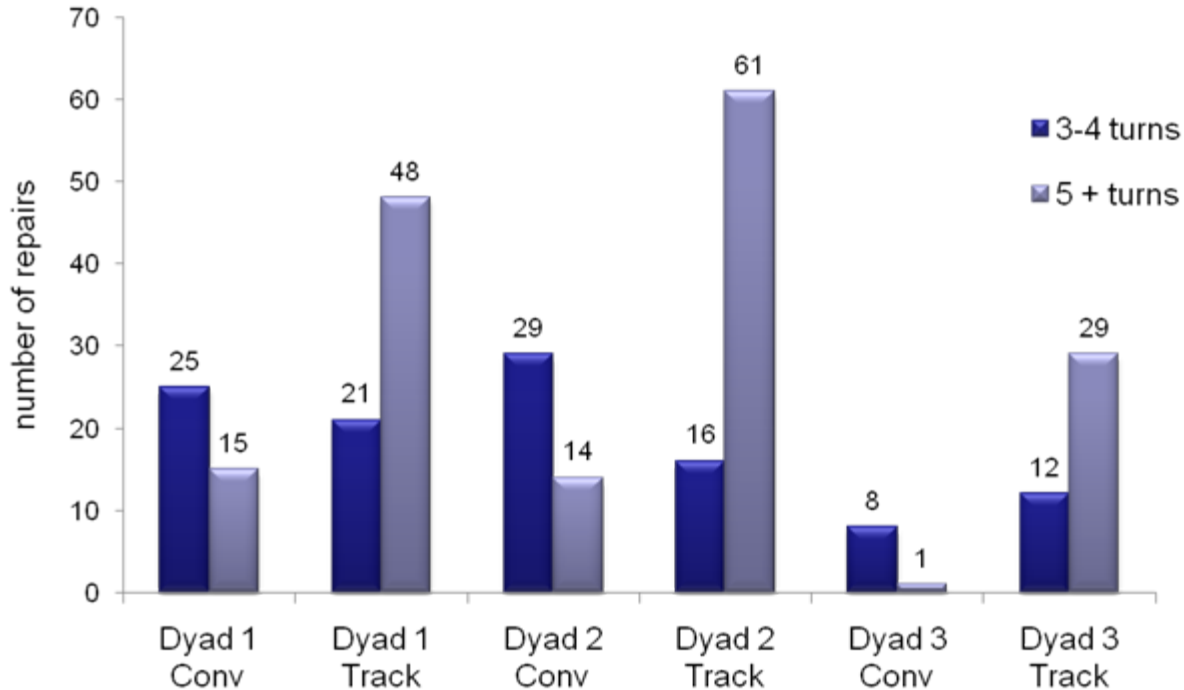
# Continuous discourse tracking

- Involves 2 participants:
  1. Sender (FCP): presents text in segments
  2. Receiver (HI adult): repeats text back verbatim
- Correct repetition = next text segment
- Incorrect repetition = **sender-initiated repair (SIR)**
- Receiver recognises mishearing = **receiver-initiated repair (RIR)** (Erber & Lind, 1994; Lind, 2009).
- RIR and SIR in CDT analogous to OISR and 3<sup>rd</sup> PR respectively (i.e., repairs influenced by HI) in conversation (Lind, 2009).

# Repair sequences in tracking

- In CDT, HI adult/receiver required to respond with repetition to predetermined passages. As such, there are limited sequential turn options
  - TS – predetermined text segment
  - HI adult response – repetition
  - FCP repair – repetition
- No reliable markers to identify repairs as sender- or receiver-initiated
- CDT repairs similar (but not analogous) to OISR sequences in conversation

# Turns taken to resolve repairs



Proportions test - significant at  $p = 0.05$  for each dyad.

A significantly greater proportion of repairs were resolved in the minimum number of turns in the conversation than in tracking for each dyad

# Tracking and conversation

- Main limitations
  - requirement for repetition and 100% accuracy criterion
  - Limited sequentiality
  - Lacks full range of implied/indirect conversational behaviour
    - Repairs with limited conversational qualities
- Length of repair sequences in tracking does not mirror conversation repair
- Results suggest CDT has only limited ecological validity when applied to evaluation and training of repair by contrast with conversation-based tasks with little/no response limitations

...and a folly....

## How might we incorporate noise into therapy?

- Assessing conversation in noise.....
- Highlights distinction between massed practice and strategy based intervention
- Should clients be able to set the noise/control the noise?
- Home recordings:
  - what is the noise like?
  - (how) is it controlled?

# Thank you

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