

University of Groningen

## Unraveling the role of client-professional communication in adolescent psychosocial care

Jager, Margot

**IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.**

*Document Version*

Publisher's PDF, also known as Version of record

*Publication date:*

2016

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Jager, M. (2016). *Unraveling the role of client-professional communication in adolescent psychosocial care*. Rijksuniversiteit Groningen.

### Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

### Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

*Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.*

---

## Compliments and accounts: Positive evaluation of reported behavior in psychotherapy for adolescents

Margot Jager

Andrea F. de Winter

Janneke Metselaar

Erik J. Knorth

Sijmen A. Reijneveld

Mike Huiskes



*Language in Society*

2015; 44(5):635-677

doi: 10.1017/S0047404515000615

**ABSTRACT**

Based on conversation analysis (CA) of video-recorded therapy sessions, the article explicates a particular interactional project of positively evaluating client-reported behavior in psychotherapy. The analysis focuses on the therapist's actions that convey a positive evaluation of client-reported behavior that represents therapeutic progress. First, the data analysis revealed three components that constitute the evaluation project: discourse marker, compliment, and account. Second, the article shows that participants orient towards the observed evaluation project, both as a unified whole and as a combination of discrete and separate interactional turns. The article suggests that this evaluation project functions as a tool for achieving the institutional goal of reinforcing therapeutically desired behaviors. The empirical findings are discussed in relation to the Stocks of Interactional Knowledge, described in handbooks on dialectical behavior therapy (the specific setting in which the data were collected).\*

## INTRODUCTION

In this article we report on a conversation-analytic study that shows how a client's reported behaviors, which represent progress, are evaluated in the context of dialectical behavior therapy (DBT). We describe a *specific interactional project*<sup>1</sup> that not only functions so as to structure the interaction at hand but also appeals to the therapeutic goals underlying the interaction. This article starts with some background information regarding DBT, after which we present the interactional phenomenon under investigation.

An important theoretical fundament in DBT is derived from cognitive behavioral therapy, where the assumption is that clients have too few skills at their disposal to handle their strong emotions and therefore fall back on maladaptive coping strategies such as suicidal behavior. In the DBT program, adolescents learn and practice alternative skills in weekly skills-training sessions. The weekly individual therapy sessions aim at further internalization and a commitment to use these new skills in specific situations.<sup>1</sup>

The client-professional interaction in the individual therapy sessions is crucial for reaching these therapeutic goals. During these weekly sessions, client and therapist evaluate the client's behavior in the past week on the basis of a diary card completed by the client. According to the DBT handbooks, therapists should organize their own behaviors so that client behaviors that represent progress are reinforced, while unskillful or maladaptive behaviors are extinguished.<sup>1-3</sup> These handbooks, however, do not provide therapists with much information on how exactly they are supposed to do this during therapy. The only concrete advice that is given about positive reinforcement is that it should *immediately* follow the desired behavior, because otherwise the reinforcers (e.g., praise, compliments) will not be connected to the behavior.<sup>1-3</sup> This means that each therapist is faced with the interactional problem of realizing these therapeutic goals incrementally in specific sequential positions.

These different interactional solutions can be seen as constituting a Stock of Interactional Knowledge (SIK)<sup>4</sup> that results from the recurrent reinstatement of these strategies in different interactions. SIKs can be found in professional texts, in training manuals, and in written and spoken instructions delivered in the context of professional training and supervision. Peräkylä & Vehviläinen<sup>4</sup> propose that Conversation Analysis (CA) may (i) falsify or correct assumptions that are part of a SIK, (ii) provide a more detailed picture of practices that are described in a SIK, (iii) add a new dimension to the understanding of practices described by a SIK, or (iv) provide the description of practices not provided by a very abstract or general SIK. By making individual solutions to general interactional problems (resulting from general therapeutic goals) more explicit, conversation-analytic research can contribute to a better understanding of these SIKs,

which in turn could lead to an improvement in both the day-to-day practice of DBT interaction and the teaching of specific DBT conversational techniques to prospective DBT therapists.

Extract (1) shows a prototypical example of the phenomenon under investigation. Here, the client and the therapist talk (in Dutch) about an incident in the past week, in which the client's brother was talking about his positive school experiences. Because the client is not currently going to school, this upsets her. Before extract (1) starts, the client described that after she ran upstairs crying, she talked to her mother who suggested that she should talk to her brother about the way his story made her feel. The client said that at first she was reluctant to follow this advice, but eventually she did talk to her brother. After a short discussion about the client's motives in talking to her brother anyway, extract (1) starts with a question from the therapist to further specify the reported behavior ('What did you say to him?').<sup>ii</sup>

(1) DBT Session 3

- 1 T: oke. wat heb je tegen hem gezegd?  
'okay. what did you say to him?'
- 2 (2.0)
- 3 C: ja:: dat ik em gewoon op het moment even niet goed kon uitsthaanh  
'yeah:: that I just couldn't sthandhh him being like that right then.'
- 4 [omdat ie zo:: over school bezig was [en zo, en daar best wel jaloers op was en zo  
'[because he was so:: busy with school [and all that, and was pretty jealous of that and all that'
- 5 T: [hmhm [hmhm
- 6 T: ja::  
'yeah::'
- 7 (1.6)
- 8 T: wat knap van jou  
'how good of you'
- 9 (0.4)
- 10 C: nja::  
'nyeah:::'
- 11 T: want dat moet hee::l moeilijk geweest zijn  
'because that must have been re::ally hard'
- 12 C: ja  
'yeah'
- 13 (0.3)
- 14 T: want je was gefrustreerd, en enorm verdrietig ondertussen ook geworden,  
'because you were frustrated, and immensely sad in the meantime about it all as well,'
- 15 C: ja::  
'yeah::'

After the prompt by the therapist in line 1, the client reports what she said to her brother in lines 3-4. During the report, the therapist clearly orients towards a longer discourse unit<sup>5</sup> on the part of the client by displaying active listening (the continuers in lines 5 and 6) and by not taking the floor at the first possible completion point. However, the client does not continue her report, and after a pause (line 7) the therapist produces a compliment in line 8 ('How good of you'). After a pause and a rather noncommittal response to the compliment by the client, the therapist continues with an account for giving a compliment about this particular situation in lines 11 and 14: It must have been very difficult for the client to decide to talk to her brother after all, because she must have been frustrated and very sad because of the incident. The account is produced in two distinct utterances, in which each receive a response from the client at the first possible place where she can respond. Both parts of the account are also clearly marked as stating the grounds for giving the compliment by the connective *want* (translated as 'because').

This particular succession of actions (e.g., description of behavior by the client, followed by a compliment, followed by an account) occurs frequently in our data. In this study we argue that this succession of actions constitutes a specific interactional project that serves specific interactional goals in the context of individual therapy sessions in DBT. Before we report about the analyses of this interactional project in more detail, we first give an overview of the literature regarding evaluations, assessments, and compliments, and describe the data and methods that were used.

## EVALUATIONS: ASSESSMENTS AND COMPLIMENTS

In the literature on evaluations in interaction, assessments are described as 'multidimensional actions' (for an overview, see Koole<sup>6</sup>, p.46), meaning that assessments contain information about at least three distinct dimensions. The first dimension is the *positive-negative* dimension. This means that the object of the assessment is classified on a scale ranging from a positive to a negative value on that specific scale. Research on assessments in interaction has shown that this dimension is fundamental in most environments where assessments occur.<sup>7,8</sup> The second dimension of assessments concerns the *value* dimension—the specific value on which the object is assessed. Every object and/or action is multifaceted, and, when giving an assessment, a speaker has a choice to assess the whole or to restrict the assessment to a particular aspect of the object/action under evaluation. The last dimension of assessments concerns the *object of assessment* itself (called 'the assessed referent' by Pomerantz<sup>9</sup>). Although the objects of compliments arguably always regard the addressee or something that is associated with the addressee,<sup>10</sup> speakers can also select a specific element of an object to single out for

evaluation. Research on classroom interaction shows that in the evaluation of student answers (the object of evaluation), teachers can single out different elements of the object (the answer per se or the fact that an answer was given, for example). Following Drew<sup>11</sup>, Mazeland<sup>12</sup>, and Weeks<sup>13</sup>, Koole<sup>6</sup> argues that although the primary object might be the answer, ‘teachers’ assessments also manage to select a more specific object in terms of students’ “knowing,” “understanding,” or “doing” as they are displayed in that answer’ (p.49).

The conventional definition of a *compliment* employed in the literature<sup>14</sup> is that it is ‘a speech act which explicitly or implicitly attributes credit to someone other than the speaker, usually the person addressed, for some ‘good’ (possession, characteristic, skill, etc.) which is positively valued by the speaker and the hearer’ (p.446). Compliments were long believed to be formulaic positive assessments that display a very limited range of semantic and syntactic variation,<sup>15</sup> but recent studies have found more or less variation, depending on the institutional setting in which the compliments are studied. Although Gathman, Maynard, & Schaeffer<sup>16</sup> do in fact find fairly formulaic usage of compliments in their survey interviews, Shaw & Kitzinger<sup>17</sup> found a lot more variation in their helpline data. They explained this by the differences between the two institutional settings. In the survey interviews, the interactional positions are tightly constrained, whereas, in interaction on helplines, compliments can and do arise at a variety of different places in the overall structural organization of the conversation. Furthermore, the positive feedback on helplines can convey a wide range of different assessables, whereas, in the survey interviews, merely the performance on a test was positively assessed.<sup>17</sup>

The first study on the sequential organization of compliments in interaction was performed by Pomerantz.<sup>18</sup> Her systematic analysis of interaction revealed that compliments may be oriented either towards ‘supportive actions’, with the relevant responses of acceptance/rejection, or towards ‘assessments’, with agreement/disagreement being the relevant responses. Compliments are governed by more restrictive constraints than assessments in general. This has to do with the contradictory preference for avoiding self-praise. This is why disagreements are a more common response to compliment assessments than to assessments in general. When agreements are produced, they are likely to be downgraded. These observations were made in the context of American English, but most response forms may be found to be similar across cultures and languages. Although there has been little systematic research on this topic in terms of different languages, similar observations have been made in a study on German data.<sup>19</sup> However, recipients in this study more frequently accepted compliments without a downgrade.

Whether a compliment projects a response depends on the sequential position in which it is presented. The work of Pomerantz<sup>18</sup>, Golato<sup>19,20</sup>, Gathman and colleagues<sup>16</sup>, as well as most of the subsequent CA studies, all focus on compliments in a sequence-initiating position, which makes a response in a second pair part conditionally relevant. According to Pomerantz<sup>21</sup> a failure to respond adequately is generally heard by speakers as ‘manifesting some problem’ and thus requires corrective action from the speaker in order to solicit a response from a ‘recipient [who is] having some problem in responding’ (p.152).

Compliments can also appear in an, often dispreferred, second position or in sequence-closing positions. In these cases, a responsive turn can be absent without being relevantly missing. The sequential position of a compliment seems to be related to the institutional context in which it is given. Gathman and colleagues<sup>16</sup> found that compliments from survey interviewers to respondents were commonly followed by silence, and participants generally treated this as unproblematic. Silences were rarely followed by an interviewer pursuing a response; instead, the interviewer regularly moved on to the next scheduled part of the interview. The authors concluded that compliments in the ‘post-task section’ of survey interviews function differently from compliments in ordinary conversation. They explain that recipients in this situation may have few response options available, because they do not have the knowledge about what constitutes a good performance.

In therapeutic settings, complimenting is considered to be an important professional skill, but most research in this field has been done using artificially generated data. Wall, Amendt, Kleckner, and Bryant<sup>22</sup> give an overview derived from theory and their own experiences of the therapeutic use of compliments. They propose that ‘compliments should be purposefully given, and that the type of compliment should vary with the stage of therapy and the intended response of the client to the compliment’ (p.159). They argue that one of the virtues of therapeutic compliments lies in their indirect promotion of change. In DBT, this is achieved by producing the compliment directly after the reported behavior that represents progress. In this study, we are particularly interested in therapeutic compliments in this specific position, and therefore we have adopted the following working definition of a ‘compliment’: a therapist’s positive assessment of client-reported behavior.

## DATA AND METHODS

The data for this study consist of videotaped individual therapy sessions that were conducted as part of dialectical behavioral therapy (DBT) in a Dutch child and adolescent mental health care organization. This intervention was offered to adolescents who suffer from severe emotional distress, along with characteristics of borderline personality disorder, and/or who cope with this distress by conducting maladaptive or self-destructive behavior such as nonsuicidal self-injury. Dialectical behavioral therapy consists of weekly group training sessions, weekly individual therapy sessions, and the possibility of contacting the therapist twenty-four hours a day by telephone. For the purpose of this research project, several individual therapy sessions were videotaped.

Before sessions were recorded, clients received a letter explaining the study's goals, procedures, and confidentiality. Next, their therapist invited them to participate, and, if willing, an informed consent form was then signed. When clients were under the age of sixteen, parental informed consent was also obtained. The video camera was set up by the therapist before the session started. After the session the therapist turned the camera off, and moved the recording to an external hard disk, which was given to the primary researcher. The camera was positioned in such a way that both the therapist's and client's facial expressions were clearly visible.

The data collection period started in December 2012 and has not yet ended. The data used in this study consist of the first three videotaped recordings of individual therapy sessions of one therapist-client dyad, collected from December 2012 to February 2013. This amounted to approximately two-and-a-half hours of data. Videotapes were transcribed according to the conventions of conversation analysis,<sup>23</sup> and all names and points of reference have been changed to protect participants' anonymity.

The female therapist in this study was trained in cognitive behavior therapy and DBT. The client was a nineteen-year-old girl displaying symptoms of borderline personality disorder. More specifically, the therapist described her client's diagnosis as follows: Eating Disorder Not Otherwise Specified (ED-NOS) with characteristics of anorexia nervosa and depressive feelings. Underlying symptoms appear to be social phobia and possibly posttraumatic stress disorder due to bullying in the past.

In all three sessions the therapist gave compliments to the client ( $n = 30$ ). These compliments addressed twenty distinct evaluation objects. When these evaluation objects concerned positive behavior reported by the client, the evaluation seemed to follow a particular interactional structure. All extracts in which the evaluation concerned the client's positive behavior during the past week were included in the analysis ( $n = 7$ ).

To investigate how this interactional structure is related to its specific therapeutic context, we selected the compliments that addressed the client's reported behavior and analyzed them using conversation analysis.<sup>24</sup>

## THE EVALUATION PROJECT

In our data, the interactional project of positively evaluating the client's reported behavior is realized in a remarkably systematic fashion. The evaluations occur in ongoing and projected activity involved in discussing the diary card. Within this larger project, however, they also constitute a clear shift in activity: moving from the description of the behavior to the evaluation of that behavior. Within the interactional project, this change is signaled by the discourse marker 'okay', followed by the compliment. As a result, all compliments are produced directly following a report by the client concerning her own behavior (in line with the therapeutic guidelines formulated by Miller et al.<sup>1</sup> and Linehan<sup>2</sup>), but they are also marked as a new activity within the larger project of discussing the diary card. The compliments typically do not receive a second pair part. After the compliment, the therapist provides an account for giving the compliment. These accounts are explicitly marked as stating the grounds for giving the compliment by using a connective. In our corpus we found two kinds of accounts: the first type is introduced by the connective *want* 'because' (providing contextual grounds for giving the compliment); the second type is introduced by *dus* 'so', and takes the form of a formulation based on the report of the client. Both types of accounts typically do get a second pair part. Extracts (2) and (3) provide some cases in point.

Before extract (2) starts, the client and the therapist discussed a telephone conversation they had in the past week. They discuss the reason for the call, which was the client's emotional distress and her urge to conduct in parasuicidal behavior (cutting herself). After the therapist has stated the purpose of the call, 'to prevent this from happening', extract (2) starts with a question from the therapist to find out whether the call fulfilled its purpose ('How did that go?').

(2) DBT Session 1

- 1 T: hoe is dat gegaan?  
'how did that go?'
- 2 (1.4)
- 3 C: nah ik heb het niet gedaan maar (0.3) (ik vin gewoon) s:tom dat ik zat te janken aan de telefoon °en zo°

- 'nah I did not do it but (0.3) (I just think) s:stupid that I was crying on the telephone °and everything°'
- 4 (1.0)
- 5 T: oh dat vond je stom?  
'oh you thought that was stupid?'
- 6 C: eja[:  
'eyeah[:'
- 7 T: [oke maar even terug naar naar ut snijden want dat heb je ↑niet gedaan [daarna  
[°okay but let's just go back to to the cutting because that you did ↑not do [afterwards
- 8 C: [nee::  
[°no::'
- 9 T: •h oke wat knap van jou  
'•h okay how good of you'
- 10 (0.5)
- 11 T: •h want je voelde je hartstikke rot toen je mij belde,  
'•h because you felt awfully bad when you called me,'
- 12 C: ja::h  
'yeah::h'

Before extract (3) starts, the client and the therapist discussed a situation in which the client experienced anger and stress related to the family's Christmas dinner. Extract (3) starts with a question of the therapist to find out what the client had done to cope with the stress she experienced ('How did you lose that stress?').

(3) DBT Session 1

- 1 T: en hoe heb je dat opgelost? hoe ben je die stress kwijtgeraakt?  
'and how did you solve that? how did you lose that stress?'
- 2 (2.7)
- 3 C: door te gaan schreeuwen  
'by starting to yell'

*Seventeen lines were omitted in which the therapist asks questions about the client's behavior ('Who did you yell at?', 'What did you yell?', 'Did you feel guilty?')*

- 4 T: [oke wat goed  
'[okay how good'
- 5 (0.2)
- 6 T: oke. •hh dus je hebt je boosheid gewoon geuit?  
'okay. •hh so you just let your anger out?'
- 7 C: °ja:h°  
'°yeah:h°'
- 8 T: op een manier zoals heel veel mensen hun boosheid uiten,  
'the same way a lot of people express their anger,'
- 9 C: ja

- 10 T: 'yeah'  
 door gewoon te gaan schreeuwen  
 'by just starting to yell'
- 11 C: ja  
 'yeah'
- 12 (0.5)
- 13 T: of boos te doen?  
 'or being angry?'
- 14 C: ja:h  
 'yeah:h'

In extracts (2) and (3) above, the therapist uses a similar format to give a positive evaluation of the reported behavior. In fact, the recurrent nature of the phenomenon and the similarity in the way these compliments are realized seem to justify calling it a *specific interactional project* (consisting of a series or a succession of actions<sup>25</sup>), which is used by this particular therapist to organize the interaction and to achieve very concrete and recurrent therapeutic goals. As was pointed out above, this interactional project of positively evaluating behavior seems to contain three distinct component parts: the discourse marker *oke* 'okay' (marking the shift in activity type from describing the behavior to evaluating that behavior), followed by a compliment (typically without a second pair part), and in turn followed by an account that elucidates the grounds or justification for the compliment (typically with a second pair part displaying (minimal) agreement). The compliments are realized in a specific sequential position that is characteristic of this particular kind of treatment: adjacent to the report of the behavior. However, although the compliment clearly responds to the report of the client and is formatted as reactive to this report, the compliment seems not to be sequence closing. Rather, the discourse marker 'okay' and the compliment seem to project at least an account specifying the ground for the compliment. In the examples above, the compliment is followed by an account treating the compliment as an accountable action. As a result, the main activity of the interactional project seems to be the therapeutic evaluation of the behavior rather than just the assessment of this behavior as being positive.

From a therapeutic point of view, this recurrent interactional project allows the therapist to evaluate reported behavior in the position that is sequentially adjacent to the report of the behavior, thus positively reinforcing the behavior itself. What is more, by explicitly formulating the grounds for the compliment, the therapist not only reinforces the behavior itself but also the normative structure that underlies the compliment (and the therapy as a whole). This particular interactional project thus allows the therapist to formulate again and again (and in a sense reinstate) the new set of behaviors and

underlying norms that the client should take away from the therapy. The particular format seems especially suited to reinforcing these therapy goals in a situated and local environment, and in an indexical relationship with the report of actual concrete behaviors. In that sense, the evaluation project itself seems to highlight the underlying norms (which relate to the client's attitude towards her behavior) rather than the behavior or the compliment. Furthermore, the compliments typically do not receive a response. In providing the accounts (that do trigger a response), the therapist also realizes a new place in which the client can display agreement resulting in the *intersubjective ratification* of the underlying norms and values.

Although the components comprising the evaluation project are very often realized in a single turn-at-talk, the therapist and the client seem to treat them as distinct interactional moves. This is also evident from the observation that all components can be realized as distinct utterances, separated by a pause that at least allows the client to respond to all three components as an interactional move in itself. The most common format, however, is the one where the discourse marker and the compliment are realized in a single utterance, that is, separated by a pause from the utterance in which the account is produced. The compliment and the account are never realized in the same interactional part, suggesting that those two activities are interactionally separated and constitute two distinct actions, with their own sequential implications. Looking at the evaluation project we note that:

- (i) All component parts (discourse maker, compliment, account) seem to constitute specific practices on their own in the sense that they have a specific, recurrent format. For example, the compliments never make a direct reference to the therapist as the evaluative source of the compliment, and only two adjectives are used (*goed* and *knap*, both translated as 'good').
- (ii) The compliment and the account are always realized in distinct intonation contours and typically separated by a pause. They are thus formatted as two distinct utterances that, in principle, can be reacted to separately. However, the compliment hardly ever gets a response, whereas the account does.
- (iii) The participants seem to orient towards the evaluation project as a whole: Compliments and accounts are produced in adjacent positions. The component parts of the evaluation project are also ordered. The compliment precedes the account giving the account more interactional prominence and allowing further adjacent talk on the topic.

We next analyze the component parts (discourse marker, compliment, account) in more detail. Thereafter, we elucidate the participants' orientation on the evaluation project as a whole.

### The discourse marker

The start of the evaluation project (adjacent to the description of positive behavior) seems to be signaled by the realization of a discourse marker. Different discourse markers are used but the discourse marker *oke* 'okay' is by far the most prevalent in our data. One of the techniques used in the particular type of therapy under investigation is the entrenchment of positive behavior through positive assessment of that behavior right after the description of that behavior (the behavioristic aspect of this therapy). From an interactional perspective this means that, in the discussion of the diary card, the therapist and the client have to shift between two distinct activities: the description of the behavior of the client in that particular period and the mutual assessment of that particular behavior. It is well known<sup>26-28</sup> that discourse markers can have a discourse-organizing function: These discourse markers are being used by interactants to either close an activity at hand or to introduce a new activity (implicitly also closing the prior action). The function of *oke* in this particular interactional project seems to do just that: It marks the change from one type of activity (description of behavior) to another type of activity (evaluation of that behavior). In a sense, the discourse marker provides the explicit link between the report of the behavior and the assessment of that behavior: It signals the direct relationship between those two activities. The discourse marker indicates the prior action (discussion of the behavior) as sufficient to be able to move on to the next activity (evaluation of that behavior). This does not necessarily mean that it also indicates that the therapist considers the client's report in itself to be sufficient. In our data we found examples of continuing talk about the reported behavior after the evaluation of (part of) that behavior. Thus, in the evaluation project the discourse marker provides the space for the actual evaluation of the behavior that is realized by the compliment and the account.

### The compliment

In our data, the compliment itself is formulated in a very specific, recurrent format. (4) shows the types of compliments given by the therapist that we found in our data.

- (4)
- a. dat is knap  
'that is good'
  - b. wat goed  
'how good'
  - c. wat goed van jou  
'how good of you'
  - d. wat knap van je  
'how good of you'
  - e. wat knap van jou  
'how good of you'

Although we clearly see variation in the realization of these compliments, we can also discern a recurring, underlying construction format. There are two distinct syntactic formats that are used to deliver the compliment. The first is a copula construction starting with an anaphoric reference to the reported behavior (*dat* 'that') in subject position (4a). The second format is an exclamative construction (4b-e). Some compliments make an explicit reference to the client in the form of a prepositional phrase (4c-e), but this element can also be absent. No compliment in our data makes a direct reference to the therapist as the evaluative source of the compliment. We discuss per part the characteristics of these compliments in this type of setting.

As we learned from the handbooks on DBT,<sup>1,2</sup> within this kind of therapy it is crucial that the positive assessment of the behavior directly follows the reported behavior, resulting in a direct link between the behavior and the positive assessment. In the compliment schema, this seems to be achieved not only by placing the compliment directly after the report but also by the choice of syntactic formats for the compliment (the anaphoric copula construction and the exclamative construction). Both constructions identify and constitute the behavior as the *object of evaluation*.

The object of evaluation is further determined by the choice of predicates in the compliments that we find in our corpus. We see that two adjectives are frequently used: *goed* and *knap*. In English these adjectives have both been translated as 'good', although in Dutch they have slightly different meanings. *Goed* seems to function as a general positive assessment for a fair range of evaluative objects; *knap*, by contrast, is used to assess achievements by intentional agents. In this particular setting of evaluating behavior, however, they seem to have a similar function in that both predicates seem to stress the achievement aspect of the reported behavior. For *knap*, this achievement aspect is inherent to its lexical meaning. Following a description of behavior, *knap* stresses the achievement rather than the end result of the behavior. For *goed*, things are slightly different: *goed van je* 'good of you' can stress both the achievement and the end result of the behavior. Stand-alone *goed*, by contrast, does seem to favor a result interpretation. Interestingly enough, stand-alone *goed* is very rare in our corpus, whereas we do find multiple occurrences of stand-alone *knap*. The fact that *goed* is typically followed by a prepositional phrase ('of you') attributing the assessment explicitly to the client seems to indicate that the evaluative object of the compliment in these sequences lies in the fact that the client was able to display the reported behavior, rather than the end result of that behavior, or the fact that the behavior took place. Therapeutically, the compliment seems to stress the fact that it was an achievement that the client was able to apply the behaviors that are advocated in the therapy in specific (and often difficult) everyday situations.

This link to the shared therapeutic goals is also visible in another formal characteristic of the compliments in our corpus: The compliments are impersonal in the sense that the compliment is not made into a personal assessment of the situation by the therapist (for example, it does not take the form of a compliment that is explicitly attributed to the therapist: e.g., 'I think you did good'). As a result, this format seems to present the norms underlying the compliment as shared: It is not just the therapist who thinks that the reported behavior is commendable, but the evaluation (and by implication also the underlying norms) is accepted in a broader sense (e.g., in the therapy or even in society as a whole. That is they are '*norm-al*').

Looking at the construction format of the compliments, we see that it is perfectly fitted for the task it fulfills in this particular form of therapeutic discourse. It is directly linked to the preceding description of the behavior (through its syntactic format) and gives a positive assessment of that behavior, thus reinforcing and entrenching the norms that underlie the compliment through interaction. Furthermore, the compliment stresses the achievement shown in the behavior, rather than stressing the outcome or the occurrence of the behavior. This particular practice allows the therapist to address these norms at various points in the interaction, and, through the recurrent positive assessment of these norms, the associated behaviors may (eventually) replace the old behavior, which is one of the main goals of DBT.<sup>1,2</sup> The format of the compliment itself allows the therapist enough variation to distinguish between particular compliments and to optimally adopt the compliment schema to the required personal or universal scope of the intended compliment.

### **The account**

The account part of the structure under investigation provides the reason or the grounds for the compliment realized in the prior utterance. The account (like the compliment) is related to the preceding discourse by means of a linking device: in this case, usually a connective marking the relation between the compliment and the following account. In this particular instance, the connectives used (*want* 'because' and *dus* 'so') seem to have two functions: They format the account as a continuation of the practice that was initiated by the compliment, and they mark what follows as the ground for the preceding compliment. We found two distinct types of accounts in our data.

In the first set, the account is based on the difficulty of the situation at hand: The behavior is presented as commendable based on the difficulties of the particular situation. We illustrate this in extract (2), which we repeat below, and extract (5).

## (2) DBT Session 1

- 1 T: hoe is dat gegaan?  
'how did that go?'
- 2 (1.4)
- 3 C: nah ik heb het niet gedaan maar (0.3) (ik vin gewoon) s:tom dat ik zat te janken aan de  
telefoon °en zo°  
'nah I did not do it but (0.3) (I just think) s:tupid that I was crying on the  
telephone °and everything°'
- 4 (1.0)
- 5 T: oh dat vond je stom?  
'oh you thought that was stupid?'
- 6 C: eja:[:  
'eyeah:[:'
- 7 T: [oke maar even terug naar naar ut snijden want dat heb je ↑niet gedaan [daarna  
[°okay but let's just go back to to the cutting because that you did ↑not do [afterwards
- 8 C: [nee::  
[°no::'
- 9 T: •h oke wat knap van jou  
'•h okay how good of you'
- 10 (0.5)
- 11 T: •h want je voelde je hartstikke rot toen je mij belde,  
'•h because you felt awfully bad when you called me,'
- 12 C: ja::h  
'yeah::h'

Before (5) starts, the client and the therapist discussed the client's withdrawn behavior during the last skills-training session (this is also part of the DBT program, but led by different therapists). They discussed the disadvantages of the client's 'dissociative' behavior during the training. Extract (5) starts with a question from the therapist to find out whether the client also physically walked out of the training session, which is immediately followed by an account for this question.

## (5) DBT Session 2

- 1 T: maar hoe e- hoe hoe is het geëindigd? ben je d'r nog uitgelopen? want volgens mij (.)  
[kan je dat- kan je dat ook wel eens doen of niet?  
'but how e- how how did it end? did you walk out? because I think (.)  
[you can do that- you can do that also sometimes or not?'
- 2 C: [nee dat niet. he[b ik wel es gedaa::n [ja maar  
[°no not that. I ha[ve do::ne that once [yes but'
- 3 T: [heb je wel es verteld [ja:  
[°you have told that once [yes:'

- 4 T: maar in dit geval niet. dus het is je wel gelukt om er (.) in die zin fysiek wel bij te blijv[en?  
'but not in this case. so you did manage to (.) in that sense physically to st[ay?'
- 5 C: [ja  
[ 'yes'
- 6 T: ok↓e (0.3) dat is knap  
'ok↓ay (0.3) that is good'
- 7 (0.6)
- 8 T: want je heb een rottijd gehad  
'because you had an awful time'
- 9 C: nou ja:: (.) ja:  
'well yeah:: (.) yeah:'

In both extracts, the account points to the difficult times the client was facing while acting as she reported ('not cutting herself' (2); 'staying there physically' (5)). In these cases, it is not the commendable nature of the behavior that is stressed but the ability of the client to display this behavior under these circumstances. Interestingly, both examples are introduced by the connective *want* 'because'. By adding these accounts, the therapist focuses on the achievement of displaying the reported behavior rather than on the commendable nature of the behavior itself (although the positive evaluation of the behavior is implied). Adding these accounts unequivocally identifies the achievement of acting out the behavior (the doing) as the main object of the compliment rather than the outcome or the behavior in itself. Furthermore, in formulating these accounts from the perspective of the client (B-events<sup>29</sup>), the therapist creates a new place where a response is not only possible but also relevant.

In the second set, the accounts are realized by using formulations.<sup>30</sup> In these cases the account—by virtue of using a formulation—redefines the object of the compliment as based on the inherent qualities of the reported behavior itself rather than accounting for the compliment by virtue of the difficult circumstances the client was in. These accounts are introduced by the connective *so*. Extracts (3) (repeated below) and (6) illustrate this.

Before (6) starts, the client and the therapist discussed Christmas dinner, with the client sitting at the dinner table and eating with her family. She felt guilty about eating, and sought distraction by listening to music and walking the dog. The therapist asked whether the client also indulged in other (mal-adaptive) behavior (i.e. scratching herself, walking to the train, taking pills), which was all responded to with head shakes by the client. Extract (6) starts with the therapist asking a question to find out whether there might have been other maladaptive behavior that she did not think of ('Or do I forget to ask something that I do not know about you yet?').

## (6) DBT Session 1

- 1 T: oke. of vergeet ik nu iets te vragen wat ik nog [niet van je weet?  
'okay. or do I forget to ask something that I do [not know about you yet?'
- 2 C: [nee  
[no'
- 3 (0.5)
- 4 T: nee?  
'no?'
- 5 C: ((shakes her head))
- 6 T: oke  
'okay '
- 7 (2.1)
- 8 wat knap van je.  
'how good of you.'
- 9 (0.5)
- 10 T: dus je voelde je schuldig, (1.7) voelde je rot, (1.2) •h en toch is het je gelukt om erbij te blijven,  
'so you felt guilty, (1.7) felt bad, (1.2) •h and yet you managed to stay there,'
- 11 (1.0)
- 12 en vervolgens je vaardigheden in te zetten?  
'and subsequently to apply your skills?'
- 13 C: ((nods))

## (3) DBT Session 1

- 1 T: en hoe heb je dat opgelost? hoe ben je die stress kwijtgeraakt?  
'and how did you solve that? how did you lose that stress?'
- 2 (2.7)
- 3 C: door te gaan schreeuwen  
'by starting to yell'

*Seventeen lines were omitted in which the therapist asks questions about the client's behavior ('Who did you yell at?', 'What did you yell?', 'Did you feel guilty?')*

- 4 T: [oke wat goed  
'[okay how good'
- 5 (0.2)
- 6 T: oke. •hh dus je hebt je boosheid gewoon geuit?  
'okay. •hh so you just let your anger out?'
- 7 C: °ja:h°  
°yeah:h°
- 8 T: op een manier zoals heel veel mensen hun boosheid uiten,  
'the same way a lot of people express their anger,'
- 9 C: ja  
'yeah'

- 10 T: door gewoon te gaan schreeuwen  
'by just starting to yell'
- 11 C: ja  
'yeah'
- 12 (0.5)
- 13 T: of boos te doen?  
'or being angry?'
- 14 C: ja:h  
'yeah:h'

In extract (6), the evaluated behavior concerns 'sitting at the dinner table and seeking distraction'. The account in line 10 starts with a formulation: a characterization/paraphrase of the reported emotional state of the client ('so you felt guilty (1.7) felt bad'). This first part of the account uses a contrastive construction, setting the stage for the second part in which the therapist adds her own interpretation of the behavior of the client, no longer using the actual words of the client but reformulating (and in a sense translating) that behavior in terms of the relevant therapeutic goals ('you managed to stay there (1.0) and subsequently to apply your skills?').

In extract (3), the evaluated behavior concerns 'yelling'. The therapist does not repeat the exact words of the client but produces the reformulation of the displayed behavior in terms of the therapeutic goals ('you just let your anger out'). Here, the therapist refers not only to underlying therapeutic goals, but also to behavior that is framed as being the accepted response in society as a whole. This is realized by relating the client's behavior to behavior of 'a lot of people' (line 8) in these circumstances ('to express their anger'). Also the word *gewoon* 'just', which the therapist uses twice (lines 6 and 10), has a strong normative character (as it refers to a 'norm-al' situation).

The use of formulations in psychotherapy has been studied extensively within CA.<sup>30,31</sup> Weiste and Peräkylä<sup>32</sup> describe four types of formulations that are used in psychotherapy interaction: formulations highlighting descriptive elements, formulations rephrasing descriptive elements, relocating formulations, and exaggerating formulations. They propose that the first two types of formulations may be *common factors* in psychotherapy (meaning that these types are used in all different varieties of psychotherapy), whereas the latter two are characteristic for specific types of therapy (psychoanalysis and cognitive psychotherapy, respectively). And indeed, the formulations used to account for the compliments in our data seem to fall into the first two types of formulations. They either highlight/select part of the prior turn of the client, recycling characteristic lexical elements of that turn (the first part of the account in (6)), or they transform the prior turn 'in terms that render them psychological issues suitable for therapeutic work' (Weiste and Peräkylä<sup>32</sup>, p.306) (see (3) and the second part of the

account in (6)). In our data, however, these formulations also seem to have a specific interactional function that is different from the uses reported in the literature.

Highlighting formulations have been shown to do preparatory work for subsequent activities.<sup>33</sup> Weiste and Peräkylä<sup>32</sup> show that rephrasing formulations have a specific interactional function in that they ‘invite the client to produce responses of extended agreement or disagreement’ in order to set the stage for the therapist to ‘continue[s] to work with the formulated feeling’ (p.306). In our corpus, by contrast, the formulations do not set the stage for further activities, but they do give an account of the preceding compliment. This is also reflected in the indexical, adjacency relationship between the compliment and the account: The formulations always follow the compliment and not vice versa. The formulations, however, do have the same sequential implications as highlighting formulations: They are first pair parts of formulation—decision sequences.<sup>30,32</sup> In other words, they project a second pair part and—in the interactional project under consideration—realize a new relevant place where the client can show agreement with the compliment and the account.

Looking at the two types of accounts in our data, it seems that the therapist has two distinct interactional strategies in accounting for compliments regarding reported client behavior. In both cases, the compliment itself focuses on an achievement by the client. In the first set (introduced by ‘because’), the account redefines the object of the compliment by focusing on the achievement of actually displaying the behavior in difficult circumstances. In the second set (introduced by ‘so’), the account points to the inherent characteristics of the behavior as the object of the compliment, reformulating the behavior in terms of therapeutic goals.

Both types of accounts create a new transition-relevance place, thus creating a second interactional slot where the client can respond to either the account or the combination of the compliment and the account together. In our corpus, accounts do receive a response, albeit a very minimal one. This indicates an interesting asymmetry: Whereas compliments typically do not receive a response, accounts do receive a response from the client. Although these responses are very often minimal, their occurrence does seem to suggest that compliments, on the one hand, and accounts, on the other, are treated differently in these interactions. Not only does adding the account allow therapists to formulate the grounds for the compliment explicitly, the account also creates a new slot that makes a response by the client possible (and possibly relevant), thus creating a shared, intersubjective ground for the account (and possibly the compliment).

## PARTICIPANTS' ORIENTATION TO THE EVALUATION PROJECT AS A WHOLE

We already saw that the succession of description of behavior, compliment, and account is a recurrent pattern in our data. We also saw that, although these actions are formatted as distinct actions in distinct utterances, compliments usually do not receive a response, whereas accounts do. Furthermore, the evaluation project is strictly ordered in our data: The compliment precedes the account and not the other way around. These features combined suggest that interactants orient towards this structure as a larger project consisting of a series of activities that are relevant after a report of behavior that represents progress towards therapeutic goals. Our data provide additional clues that this is in fact the case.

In extract (7), which is an extended version of (2), the therapist and the client discuss a conversation that took place over the phone in between two regular, scheduled sessions. After a brief discussion of this conversation in the previous turns, the therapist turns to the reason for the call in line 1.

### (7) DBT Session 1

- 1 T: oke. waarom belde je precies=want je voelde je klote en je drang was om?  
'okay. why did you call exactly=because you felt fucked up and your urge was to?'
- 2 C: te gaan snijen.  
'to start cutting.'
- 3 T: oke. (1.5) e:n het gesprek is er dan voor bedoeld om dat te voorkomen.  
'okay. (1.5) a:nd the conversation is then meant to prevent that.'
- 4 C: ja  
'yeah'
- 5 T: hoe is dat gegaan?  
'how did that go?'
- 6 (1.4)
- 7 C: nah ik heb het niet gedaan maar (0.3) (ik vin gewoon) s:tom dat ik zat te janken aan de telefoon  
°en zo°  
'nah I didn't do it but (0.3) (I just think) s:tupid that I was crying on the telephone °and everything''
- 8 (1.0)
- 9 T: oh dat vond je stom?  
'oh you thought that was stupid?'
- 10 C: eja:[:  
'eyeah:[:'
- 11 T: [oke maar even terug naar naar ut snijden want dat heb je ↑niet gedaan [daarna  
'[okay but let's just go back to to the cutting because that you did ↑not do [afterwards'
- 12 C: [nee::  
[no::'

- 13 T: •h oke wat knap van jou  
'•h okay how good of you'
- 14 (0.5)
- 15 •h want je voelde je hartstikke rot toen je mij belde,  
'•h because you felt awfully bad when you called me,'
- 16 C: ja[:h  
'yeah[:sh'
- 17 T: [je was heel verdrietig, (0.8) uhm en tijdens het telefoongesprek h-heb ik jou ook gevraagd om  
(0.2) je mesje weg te leggen, en dat heb je ook gedaan,  
[you were very sad, (0.8) uhm and during the telephone call I w-was also asking you to  
(0.2) put your knife away, and you did that as well,'
- 18 (1.7)
- 19 en we hebben besproken wat je zou kunnen doen om niet te gaan snijden.  
'and we talked about what you could do to not start cutting.'
- 20 C: hmhm

In line 1, the therapist turns to the reason for the call, providing a candidate reason herself: The client was not feeling well, and, recognizing a situation that could result in the display of undesired behavior, she called the therapist to prevent that behavior from actually occurring. The client accepts the proposed reason in line 2 (by finishing the designedly incomplete question from the therapist, resulting in a collaborative construction). In line 5, the therapist then asks about the outcome: Did the call serve its purpose? ('How did that go?'). In line 7, the client states that the call did have the desired effect ('I did not do it.'). In line with the presentation of the evaluation project above (and in line with the therapeutic goals as formulated in the DBT handbooks<sup>1,2</sup>), this description of positive behavior should/could be followed by a compliment and an account for the compliment. The client, however, does not provide an opportunity to continue with the evaluation project. In the same turn as the answer, the client starts and thus projects a new interactional activity with the connective *maar* 'but' projecting some sort of caveat or contrast. After a short pause (in which the therapist does not take the floor) the client continues with her utterance, shifting the topic from the desired behavior to another aspect of the call (the fact that she cried during part of it).

As a result of this turn constructional format, the compliment and account can no longer be realized adjacent to the object of evaluation (the fact that the client did not cut herself), and an opportunity to produce the evaluation project (both therapeutically and interactionally relevant after the report of behavior that represents progress) is lost. Interestingly, the behavior of the therapist in lines 11 through 19 also seems to indicate that some relevant aspect of the interaction has been skipped. After acknowledging the feelings of the client about the crying (line 9), the therapist moves the conversation back to the report of the positive behavior, thus providing another opportunity to start the

evaluation project. First, she introduces her turn with two discourse markers that clearly mark the upcoming turn as discontinuing the prior turn ('okay'), and linking back ('but') to prior talk.<sup>34,35</sup> She also explicitly states that she wants to return to a specific point in the interaction ('let's just go back'). In line 11, the therapist reinstates the report of the positive behavior using a formulation. By using this highlighting formulation, the therapist also invites agreement on the part of the client.<sup>30</sup> After the acceptance of the formulation (line 12) and as a result of the ratification of the reinstating of the topic, the therapist then provides the other components of the evaluation project: a discourse marker (line 13), a compliment (line 13), and an account (lines 15, 17).

Extract (7) thus shows an orientation on the part of the therapist to the relevance of the described evaluation project after a report of desired behavior by the client. In this particular extract, the turn constructional format of the turn of the client embeds the report in a larger project, treating it as somehow subordinate or even irrelevant to the assessment of the whole situation (indicated by the disaffiliative 'nah', and the contrastive 'but'). As a result, it is not possible to produce the compliment adjacent to the reported behavior. After dealing with the larger project initiated by the client first, the therapist treats the report of the desired behavior as unfinished by explicitly reinstating the topic. She then goes on to produce the evaluation project in the newly created sequential slot, adjacent to the (reinstated) report.

## CONCLUSION

In this article we have described an interactional project in which behavior reported by the client is positively evaluated in the context of psychotherapeutic talk. We identified and described the evaluation project, which follows a specific recurrent interactional structure. This structure seems to be a normative interactional project in the sense that the description of positive behavior makes the production of a compliment combined with an account of the therapist interactionally (and therapeutically) relevant.

The evaluation project described in this article becomes relevant when a specific type of behavior is discussed in the context of the discussion of the diary card. On the basis of the diary card the client's behaviors—both positive and negative—during the past week are discussed. This discussion represents the therapeutic progress the client has made. Mostly, the behavior that is positively evaluated concerns the client's reported use of alternative, adaptive skills in situations where she was used to coping with her strong emotions by conducting maladaptive and often self-destructive behavior. Thus, it seems that the evaluation project is interactionally projected in situations where reported behavior is directly related to the therapeutic goals underlying the talk. This is supported

by our observation that the account part of the evaluation project is used by the therapist to relate the reported behavior to therapeutic goals and, as we have seen in extract (3), even to more general societal norms.

In this study, we have shown that the compliment and the account are formatted as two distinct utterances that are, however, both part of the same evaluative project. In the literature, we found one other study in which the compliment-account combination was described. Gathman and colleagues<sup>16</sup> found that survey interviewers, in pursuit of compliment responses, may account for their praise. They called this series of utterances a ‘compliment sandwich’, because the initial compliment was repeated after the account that closely followed the initial compliment. Through this fast follow-up of utterances in the compliment sandwich, interviewers make it unlikely that respondents will take up the account as a separate topic of talk. This illustrates the relevance of acknowledging the compliment rather than generating topic talk that will distract from the interviewer’s central order of business—getting through the interview by moving on to the next survey item. In our data the main use of the account was not to pursue a compliment response, but it does seem to fulfill an important interactional and therapeutic function on its own.

At the beginning of this article we referred to the Stocks of Interactional Knowledge (SIKs) that can be found in professional texts, manuals, and instructions, and how CA can contribute to the description of these SIKs in several ways.<sup>4</sup> The one clear instruction we found in the DBT handbooks regarding reinforcement of behavior is that a compliment should be given immediately after the behavior that the therapist wants to reinforce occurs.<sup>1,2</sup> This is indeed what happens during the therapy sessions we analyzed. The thorough discussion of the client’s behavior provides the therapist with a stronger claim that the behavior is indeed compliment-worthy, and for the client to show agreement with the account that follows. In this way, the compliment in itself may function more as a device to specify the behavior that is discussed, whereas the account (sometimes accompanied by a repetition of the compliment) is the actual interactional device, through which the behavior is reinforced.

In this study we have provided a more detailed picture of the interactional project of reinforcing behavior that is described in the SIK. This study shows how the evaluation project is used as an interactional strategy to reinforce positive behavior reported by the client. Its relevance for psychotherapy could be understood in the sense that it is used not only to give a compliment but also to address the importance of the displayed behavior (its compliment-worthiness) in terms of therapeutic goals, and also in terms of general norms and values of society. A main goal of DBT, and other behavioral therapies, is to change clients’ behavior by replacing maladaptive coping strategies, such as nonsuicidal self-injury, with alternative strategies to cope with strong emotions. For

someone to change his or her behavior, there needs to be an intrinsic motivation to change in the client him/herself. Therefore the compliment on its own may not be enough, especially because these clients often have low self-esteem and may not believe they deserve a compliment. In time, the use of this evaluation project may contribute to an internalization of these goals, norms, and values on the part of the client, which may be of great importance for the effectiveness of treatment.

This study adds to the current guidelines described in handbooks on DBT, which mention the importance of reinforcing behavior immediately after that behavior occurred, but then do not provide any clues on how to interactionally manage this in psychotherapy. Although the analysis reported in this article is based on just one therapist-client dyad in a specific psychotherapeutic setting (DBT), we feel that our findings have general importance for both psychotherapeutic interaction as well as for other institutional settings in which compliments play an important role, such as class rooms, work places, interviews, and counselling. Although compliments are used in various settings, this type of social action seems to be 'context-sensitive' in particular ways, depending on the setting. This study contributes to our understanding of the use of compliments in evaluative contexts in specific settings.

Future research could focus on additional interactional strategies to reinforce behavior, in DBT but also in other behavioral therapies, and subsequently on the study of the effects of this (and other) reinforcement strategies on actual behavioral changes in these clients. This analysis offers the first insights for future (comparative) studies on this topic.

## NOTES

- \* Many thanks to Tom Koole and Harry Mazeland for commenting on an early version of this article.
- i Interactional projects are courses of action (i.e. examination, evaluation) that need to be distinguished from the sequences that may embody them (i.e. question-answer sequences, compliment-response sequences). An interactional project is a course of action that at least one participant is pursuing.<sup>25</sup>
- ii Transcription conventions can be found in the appendix.

**APPENDIX: TRANSCRIPTION CONVENTIONS**

(.)	short silence of less than 0.2 seconds
(1.5)	length of silences between and within turns measured in tenths of seconds
.	falling final pitch contour
,	slightly rising final pitch contour
?	strongly rising final pitch contour
↑↓	onset of noticeable pitch rise or fall
[	point at which overlap by another speaker starts
•hh	hearable in-breath
hh	hearable aspiration
–	cut-off marker
:	lengthening of the last sound
(words)	best guess of a stretch of talk that was difficult to hear
( )	words spoken were too unclear to transcribe
=	two utterances that follow one another without any perceptible pause
<u>word</u>	salient stress
°word°	quiet talk
(( ))	descriptions

## REFERENCES

1. Miller AL, Rathus JH, Linehan MM. *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press, 2006.
2. Linehan MM. *Dialectische gedragstherapie bij borderline persoonlijkheidsstoornis: Theorie en behandeling*. Amsterdam: Pearson, 2003. [Translation of *Cognitive-behavioral treatment for borderline personality disorder*. New York: Guilford Press, 1993.]
3. De Bruin R, Koudstaal A, Muller N. *Dialectische gedragstherapie voor jongeren met een borderlinestoornis: Surfen op emoties [Dialectical behavior therapy for young people with a borderline disorder: Surfing on emotions]*. Houten: Springer, 2013.
4. Peräkylä A, Vehviläinen S. Conversation analysis and the professional stocks of interactional knowledge. *Discourse & Society*. 2003; 14(6): 727-750.
5. Houtkoop, Hanneke, & Harrie Mazeland, (1985). Turns and discourse units in everyday conversation. *Journal of Pragmatics* 9:595-620.
6. Koole T. Teacher evaluations: Assessing 'knowing', 'understanding' and 'doing'. In: Rasmussen G, Brouwer CE, Day D. (eds.). *Evaluating cognitive competences in interaction* (pp. 43-66). Amsterdam: John Benjamins, 2012.
7. Hellermann J. The interactive work of prosody in the IRF exchange: Teacher repetition in feedback moves. *Language in Society*. 2003; 32: 79-104.
8. Koole T. Conversation analysis and education. In: Chapelle CA. (ed.). *The encyclopedia of applied linguistics* (pp. 977-982). Oxford: Blackwell, 2013.
9. Pomerantz A. Agreeing and disagreeing with assessments: Some features of preferred/dispreferred turn shapes. In: Atkinson JM, Heritage J. (eds.). *Structures of social action* (pp. 225-246). Cambridge: Cambridge University Press, 1984.
10. Runia L. 'Je ziet er goed uit!' – 'O ja?': Een onderzoek naar complimenten en compliment-responsen ['You are looking good!' – 'Yes?': An investigation of compliments and compliment responses]. In: Maes A, Van Hauwermeiren P, Van Waes L. (eds.). *Perspectieven op taalbeheersingsonderzoek* (pp. 316-327). Dordrecht: ICG Publications, 1994.
11. Drew P. Adults' corrections of children's mistakes: A response to Wells and Montgomery. In: French P, Maclure M. (eds.). *Adult-child conversations: Studies in structure and process* (pp. 244-267). London: Croom Helm, 1981.
12. Mazeland H. Repair-organisatie in onderwijsinteracties [Repair organization in educational interactions]. In: Scholtens A, Springorum D. (eds.). *Gespreksanalyse: Uitgangspunten in gespreksonderzoek. [Conversation analyses: Assumptions on conversational research]* (pp. 233-246). Nijmegen: KUN, 1986.

13. Weeks P. A rehearsal of a Beethoven passage: An analysis of correction talk. *Research on Language and Social Interaction*. 1996; 29: 247-290.
14. Holmes J. Paying compliments: A sex-preferential politeness strategy. *Journal of Pragmatics*. 1988; 12: 445-465.
15. Wolfson N, Manes J. The compliment as a social strategy. *Research on Language & Social Interaction*. 1980; 13: 391-410.
16. Gathman E, Hankinson C, Maynard DW, Schaeffer NC. The respondents are all above average: Compliment sequences in a survey interview. *Research on Language and Social Interaction*. 2008; 41: 271-301.
17. Shaw R, Kitzinger C. Compliments on a home birth helpline. *Research on Language & Social Interaction*. 2012; 45: 213-244.
18. Pomerantz A. Compliment responses: Notes on the co-operation of multiple constraints. In: Schenkein J. (ed.). *Studies in the organization of conversational interaction* (pp. 79-112). New York: Academic Press, 1978.
19. Golato A. German compliment responses. *Journal of Pragmatics*. 2002; 34: 547-571.
20. Golato A. *Compliments and compliment responses: Grammatical structure and sequential organization*. Amsterdam: John Benjamins, 2005.
21. Pomerantz A. Pursuing a response. In: Atkinson JM, Heritage J. (eds.). *Structures of social action* (pp. 152-164). Cambridge: Cambridge University Press, 1984b.
22. Wall MD, Amendt JH, Kleckner T, Duree Bryant R. Therapeutic compliments: Setting the stage for successful therapy. *Journal of Marital and Family Therapy* . 1989; 15: 159-167.
23. Jefferson G. Glossary of transcript symbols with an introduction. In: Lerner G. (ed.). *Conversation analysis: Studies from the first generation* (s. 13-23). Amsterdam: John Benjamins, 2004.
24. Schegloff EA. *Sequence organization in interaction: vol. 1: A primer in conversation analysis*. Cambridge: Cambridge University Press, 2007.
25. Levinson SC. Action formation and ascription. In: Sidnell J, Stivers T. (eds.). *The handbook of conversation analysis* (pp. 103-130). Malden, MA: Wiley-Blackwell, 2013.
26. Condon SL. The discourse functions of OK. *Semiotica*. 1986; 60: 73-102.
27. Beach WA. Transitional regularities for 'casual' "Okay" usages. *Journal of Pragmatics*. 1993; 19: 325-352.
28. Schiffrin D. Discourse markers: Language, meaning, and context. In: Schiffrin D, Tannen D, Hamilton HE. (eds.). *The handbook of discourse analysis* (pp. 54-75). Oxford: Blackwell, 2001.

29. Labov W, Fanshel D. *Therapeutic discourse: Psychotherapy as conversation*. New York: Academic Press, 1977.
30. Heritage JC, Watson DR. Formulations as conversational objects. In: Psathas G. (ed.). *Everyday language: Studies in ethnomethodology* (pp. 123-162). New York: Irvington, 1979.
31. Antaki C. Formulations in psychotherapy. In: Peräkylä A, Antaki C, Vehviläinen S, Leudar I. (eds.). *Conversation analysis and psychotherapy* (pp. 26-42). Cambridge: Cambridge University Press, 2008.
32. Weiste E, Peräkylä A. A comparative conversation analytic study of formulations in psychoanalysis and cognitive psychotherapy. *Research on Language and Social Interaction*. 2013; 46: 299-321.
33. Bercelli F, Rossano F, Viaro M. Clients' responses to therapists' reinterpretations In: Peräkylä A, Antaki C, Vehviläinen S, Leudar I. (eds.). *Conversation analysis and psychotherapy* (pp. 43-61). Cambridge: Cambridge University Press, 2008.
34. Mazeland H, Huiskes M. Dutch 'but' as a sequential conjunction. *Studies in Interactional Linguistics* 2001; 10: 141-169.
35. Sacks H. *Lectures on conversation, vols. 1 & 2*. Ed. by Gail Jefferson, with an introduction by Emanuel A. Schegloff. Oxford: Basil Blackwell, 1992.

