

## Programme

**12:30 – 1:00pm: Registration and Refreshments**

**1:00 – 2:00pm: Introductions and Pecha Kucha Presentations**

- **Matt Oultram (HMP Grendon):**  
Should I Stay or Should I Go: Experiences of Sticking with it in a Prison-Based Therapeutic Community
- **Barbara O'Reilly and Yesha Bhagat (Childhood First):**  
Transitions and Leavers
- **Anna Roberts (HMP Dovegate):**  
A qualitative exploration of what a prison-based TC specialised for Learning Disability needs to succeed: residents' perspectives
- **Savita Kumar (HMP Dovegate):**  
An examination of Democratic Therapeutic Community attendance on criminal thinking styles
- **Andy Brooker (The Critical Psychotherapy Network):**  
"Create a Belief in the Theory and the Facts Will Create Themselves" (Jastrow 1935)

**2:00 – 3:00pm: Methodological Explorations**

- **Alan Quirk (Royal College of Psychiatrists):**  
Enhancing the quality of qualitative research by using numbers: an example from a conversational analytic study of how antipsychotic prescribing decisions are made (Abstract below)
- **Marco Pino (University of Loughborough):**  
Video-based communication research on Therapeutic Community group meetings (Abstract below)

**3:00 – 3:15pm: Break**

**3:15 – 4pm: Pecha Kucha Presentation (Prof Nick Manning) and Panel Discussion - Research within Therapeutic Communities: Politics and Institutional Constraints**

### How to book

Register online at

[www.therapeuticcommunities.org/events](http://www.therapeuticcommunities.org/events)

by emailing:

[post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)

or by phone:

01242 620 077

**There is no  
charge for this  
event.**

## Methodological Explorations Speaker:

### Marco Pino, Research Fellow, University of Loughborough

In this talk I will illustrate how Conversation Analysis can be used to examine communication in Therapeutic Community group meetings - to understand how staff and clients talk to each other, and to use these findings to improve communication in TCs. Conversation Analysis (CA) is a video-based research approach that relies on careful examination of recorded episodes of interaction. CA involves analysing the activities that people perform through their talk, the actions that they use within those activities, and the different ways in which a single action can be performed. I will illustrate this with an example from my research on TC group meetings recorded in Italy. I will focus on an activity that staff and clients engage in (reviewing and evaluating recent events), an action that the staff use within that activity (criticising the clients for inappropriate behaviours), and a particular way of performing that action (the use of anecdotes).

### Alan Quirk, Senior Research Fellow, Royal College of Psychiatrists Centre for Quality Improvement

“Qualitative analysis is addressed to the task of delineating forms, kinds of social phenomena; of documenting in loving detail the things that exist.” (Lofland, 1971: 13)

In this presentation, I’m going to present findings from a paper in *Sociology of Health & Illness* about how pressure is applied in shared decisions about antipsychotic prescribing. I will then open up discussion, primarily about how to enhance the quality of qualitative research by counting the things we have documented in detail and subjecting them to simple statistical analyses, and secondarily about how conversation analysis (CA) research can be used to encourage practitioners to reflect critically on their own practice.

The study analyses audiotapes of 92 outpatient consultations involving nine consultant psychiatrists. Detailed CA reveals that some shared decisions are considerably more ‘pressured’ than others. At one end of a ‘spectrum of pressure’ are ‘pressured’ shared decisions, characterised by an escalating cycle of pressure and resistance and from which it is difficult to exit without someone losing face. In the middle are ‘directed’ decisions, where the patient co-operates with being diplomatically steered by the psychiatrist. At the other extreme are ‘open’ decisions, where the patient is allowed to decide, with the psychiatrist exerting little or no pressure.

The first version of the paper we submitted to the journal identified the three main types of shared decision (open, directed, pressured) and presented a spectrum of pressure. The counting component was added at the request of one of the peer reviewers, who was puzzled as to why, having developed a typology of shared decision-making, we didn’t say anything about the proportion of the decisions across the 92 consultations that belong to the different categories. So reluctantly, and with heavy hearts, a co-author and I ploughed our way through all the data to categorise and count the number of each type of decision. This in itself produced some interesting findings – for example, that pressured decisions were comparatively rare – which I had kind-of-known from repeatedly reading the consultation transcripts, but had been unable to quantify. Having done this, we were able to extend the analysis to see if clinical risk was associated with the degree of pressure applied. The answer was that that it probably was not, which again was interesting and a worthy addition to the paper. Following Seale (1999) I will conclude that using numbers appropriately in qualitative accounts can enhance quality in a number of ways, including that it gives the audience a sense of the dataset as a whole, which can sometimes be lost in intensive qualitative research.

In the second part of the presentation I will argue that by revealing what practitioners actually do, CA studies such as this have the potential to encourage practitioner self-reflection. I will illustrate this by briefly describing how we turned our qualitative findings into a Continuing Professional Development Module for psychiatrists.

#### References

Lofland, J. (1971) *Analysing Social Settings: A Guide to Qualitative Observation*. Belmont, California: Wadsworth.  
Seale, C. (1999) *The Quality of Qualitative Research*. London: SAGE.

#### Additional References

Chaplin R, Quirk A. (2012) How patient-centred are you? Shared decision making in psychiatric practice. CPD Online (<http://www.psychiatrycpd.co.uk>): The Royal College of Psychiatrists.

Quirk A, Chaplin R, Lelliott P, Seale C. (2012) How pressure is applied in shared decisions about antipsychotic medication: a conversation analytic study of psychiatric outpatient consultations. *Sociology of Health & Illness*, 34 (1): 95-113.

Quirk, A. (2015) *Obstacles to Shared Decision-Making in Psychiatric Practice: Findings from three qualitative, observational studies*. LAP Lambert: Saarbrücken.

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**how to** UK US noun [C] (plural how tos) a book, DVD, etc. that gives practical advice  
**Financial and business terms.** **how-to** how toer, n. /how tooh /, adj., n., pl. how tos. adj. 1. giving or pertaining to basic instructions and directions to the layperson on Writing a book is no easy task, but designing it can seem even more daunting. Whether you're self-publishing a children's book or a novel, a well-designed book engages your readers and showcases your writing. By formatting the interior There are 16 references cited in this article, which can be found at the bottom of the page. This article has been viewed 11,059 times. Writing a book is no easy task, but designing it can seem even more daunting. A good book is like a portal to another world, something that can transport you to magic kingdoms and futuristic cities, spooky mansions and uncharted landscapes. Whether you're interested in fiction or non-fiction How to Read a Book. Explore this Article. methods.