

Pia Värre

SOLVING PROBLEMS IN PARENTAL FEEDING GUIDANCE

A conversation analytic study on advice giving

Faculty of Social Sciences
Master's Thesis in Logopedics
March 2024

ABSTRACT

Pia Värre: Solving problems in parental feeding guidance – A conversation analytic study on advice giving
Master's Thesis
Tampere University
Degree Programme in Logopedics
March 2024

Parental guidance plays an essential role in the treatment of pediatric feeding problems because it facilitates the implementation of intervention techniques in everyday life. Several studies regarding parental feeding guidance have reported positive outcomes, but the guidance process itself is often poorly reported, which weakens research quality. The lack of knowledge regarding the process applies to the collaboration with parents on a more general level as well. The importance of collaborative practice has been recognized, but to date little is known about how it should be conducted.

The aim of this study was to increase knowledge concerning the process of guiding parents. It examined advice giving in a feeding guidance meeting by means of conversation analysis. The data consisted of one video-recorded telepractice session, which had been collected in the Gaze@Toddler -project. The meeting had four participants: two parents, a speech and language therapist and a neuropsychologist. 11 advice-giving sequences, which each consisted of several turns at talk, were picked out from the meeting for closer examination. The analysis focused on the content, the situational context, the formulation, and the reception of the advice. First, advice were divided into three categories on account of their content: 1) advice promoting previous lines of action, 2) advice suggesting new lines of action, and 3) advice correcting previous lines of action. After that, advice belonging to the different content categories were analyzed in relation to their context, formulation and reception.

Majority of the advice-giving sequences included advice from several content categories. For example, advice promoting and advice correcting previous lines of action often came together in the data. Advice suggesting new lines of action were the most infrequent, meaning that advice were usually related to the parents' previous actions. In most cases, advice giving was parent initiated and the parents requested for advice implicitly by describing a problem. However, sometimes the problem description was accompanied by a direct or an indirect question, which made the request more explicit. Clinician-initiated advice were rare, and when they occurred, they were either prepared with a question displaying a possible problem, or delivered in a context where advice giving was inherently relevant. Clinicians often formulated their advice in a way that mitigated the asymmetry related to advice giving and left room for discussion. For example, they used language elements that can be used to display uncertainty, opinion-base or possibility instead of necessity. Parents often used dialogue particles "joo" / "yeah" and "nii" / "yeah" when responding to the advice, and sometimes these particles were accompanied by more explicit displays of either approval or resistance. Nevertheless, the reception was rarely explicitly resistant. The clinicians used the same dialogue particles when they responded to each other's advice, and sometimes the only verbal receipt came from the other clinician.

This study increases knowledge regarding the interactional practices related to parental guidance, which play a central role in the guidance process. The study sheds light on the differing advice-giving strategies and their reception. The growing awareness can help professionals who work with families reflect on their interactional practices.

Keywords: parental guidance, advice giving, conversation analysis

The originality of this thesis has been checked using the Turnitin Originality Check service.

TIIVISTELMÄ

Pia Värre: Solving problems in parental feeding guidance – A conversation analytic study on advice giving
Pro gradu -tutkielma
Tampereen yliopisto
Logopedian tutkinto-ohjelma
Maaliskuu 2024

Vanhempien ohjauksella on keskeinen rooli lasten syömisvaikeuksien kuntoutuksessa, koska sen avulla voidaan edistää kuntoutuksen siirtymistä arkeen. Useat aihetta käsittelevät tutkimukset ovat raportoineet vanhempien ohjauksella saavutetuista positiivisista tuloksista, mutta näytön laatua heikentää se, että itse ohjausprosessi on monissa tutkimuksissa heikosti raportoitu. Tutkimustiedon puute koskettaa laajemminkin vanhempien kanssa tehtävän yhteistyön toteutusta. Yhteistyön tärkeyttä korostetaan, mutta siitä, miten sitä käytännössä tulisi toteuttaa, tiedetään toistaiseksi vähän.

Tämän tutkimuksen tavoitteena oli lisätä tietoa siitä, *miten* terveydenhuollon ammattihenkilöt ohjaavat vanhempia. Tutkimuksessa tarkasteltiin keskusteluanalyysin keinoin neuvomista syömisohjaustilanteessa. Tutkimusaineisto koostui yhdestä videoidusta etäohjaustapaamisesta, joka oli nauhoitettu osana Katse taaperoon -tutkimushanketta ja johon osallistui kaksi vanhempaa, puheterapeutti ja psykologi. Tapaamisesta poimittiin tarkempaan tarkasteluun 11 useamman vuoron muodostamaa sekvenssiä eli toimintajaksoa, joissa esiintyi neuvomista. Analyysissä kiinnitettiin huomiota neuvojen sisältöön, kontekstiin, muotoiluun ja vastaanottoon. Sisällön perusteella neuvot jaettiin ensin kolmeen eri kategoriaan, joita olivat 1) aiempaa toimintaa tukevat neuvot, 2) uutta toimintatapaa ehdottavat neuvot ja 3) aiempaa toimintaa korjaavat neuvot. Tämän jälkeen eri luokkiin kuuluvia neuvoja tarkasteltiin niiden kontekstin, muotoilun ja vastaanoton osalta.

Suurin osa neuvomissekvensseistä sisälsi neuvoja useammista eri sisältökategorioista. Muun muassa aiempaa toimintaa vahvistavat ja korjaavat neuvot esiintyivät usein yhdessä. Uutta toimintatapaa ehdottavia neuvoja oli aineistossa kaikista vähiten, eli yleensä neuvot olivat kytköksissä vanhempien aiempaan toimintaan. Neuvominen tapahtui yleensä vanhempien aloitteesta, jolloin neuvonpyyntö esitettiin useimmiten epäsuorasti ongelmaa kuvailemalla. Toisinaan neuvoa pyydettiin kuitenkin suoremmin sisällyttämällä ongelmaa kuvailevaan vuoroon suora tai epäsuora kysymys. Ammattihenkilön aloitteesta esitetyt neuvot olivat selvästi harvinaisempia, ja niitä joko pohjustettiin ongelmaa kartoittavilla kysymyksillä tai ne sijoituivat tilanteeseen, jossa neuvominen oli jo itsessään odotuksenmukaista. Ammattihenkilöt muotoilivat usein neuvonsa tavalla, joka lievensi neuvomiseen liittyvää epäsymmetriaa ja jätti tilaa keskustelulle. He esimerkiksi käyttivät neuvomisvuoroissaan kielenaineksia, joilla voidaan ilmaista epävarmuutta, mielipiteeseen perustumista tai mahdollisuutta välttämättömyyden sijaan. Vanhemmat reagoivat neuvoihin useimmiten dialogipartikkeleilla ”joo” ja ”nii”, joihin toisinaan liitettiin myös eksplisiittisempiä hyväksynnän tai torjunnan ilmauksia. Neuvon vastaanotto oli kuitenkin harvoin eksplisiittisen torjuvaa. Myös ammattihenkilöt käyttivät samoja dialogipartikkeleja reagoidessaan toistensa neuvoihin, ja toisinaan ainoa verbaalinen vastaus neuvoon tuli toiselta ammattihenkilöltä.

Tämä tutkimus lisää tietoa vanhempien ohjaukseen liittyvistä vuorovaikutuskäytänteistä, jotka ovat keskeinen osa ohjausprosessia. Ennen kaikkea tutkimus lisää tietoa erilaisista neuvomisen tavoista ja niiden vastaanotosta. Tietoisuuden lisääntyminen voi auttaa perheiden kanssa työskenteleviä ammattihenkilöitä reflektoimaan omia ammatillisia vuorovaikutuskäytänteitään.

Avainsanat: vanhempien ohjaus, neuvominen, keskusteluanalyysi

Tämän julkaisun alkuperäisyys on tarkastettu Turnitin Originality Check -ohjelmalla.

CONTENTS

1 INTRODUCTION	1
2 THEORETICAL BACKGROUND.....	2
2.1 Parent–professional interaction	2
2.2 Guiding parents in feeding difficulties.....	5
2.3 Advice giving.....	7
3 AIM OF THE STUDY AND RESEARCH QUESTIONS.....	12
4 METHOD.....	13
4.1 Data	13
4.2 Basic principles of conversation analysis.....	14
4.3 Data analysis process.....	16
4.4 Ethics.....	18
5 RESULTS	19
5.1 The content of the advice	19
5.1 The delivery of the advice	20
5.1.1 Advice promoting previous lines of action.....	20
5.1.2 Advice suggesting new lines of action	27
5.1.3 Advice correcting previous lines of action	33
6 DISCUSSION	38
6.1 Examining the results	38
6.2 Methodological considerations.....	41
6.3 Clinical implications and future research.....	42
REFERENCES.....	44

List of appendices:

Appendix 1. Transcript symbols

1 INTRODUCTION

The role of family members is essential when treating individuals with health conditions and thus providing support for them can have a facilitating effect on the treatment (Kokorelias et al., 2019). Parent training has been employed to treat a variety of health conditions, including feeding disorders (Bearss et al., 2015; Belanger et al., 2021; Cable & Domsch, 2011; King & Xu, 2021; Noll et al., 2021; Reyno & McGrath, 2006; Lukens & Silverman, 2014). In the treatment of behavioral feeding problems, strengthening primary caregiver or feeder skills is held fundamental, because it facilitates implementation of the intervention techniques (Arvedson et al., 2020, p. 552, 559). Several studies concerning parent training in the treatment of pediatric feeding problems report positive outcomes, but the training process itself is often poorly reported (Aponte et al., 2019; Hodges et al., 2022; Lai et al., 2014). The lack of knowledge regarding the *process*, seems to apply to the research on parent–professional collaboration on a more general level as well (Klatte et al., 2020; Smoliak et al., 2022).

As for the treatment effects, interaction can play an equally if not more central role compared to the intervention techniques used (Sellman & Tykkyläinen, 2017, p. 222). Therefore, conversation analytic study can help to unpack the processes of interaction-based clinical interventions (Pilnick & James, 2013). Studies regarding interactions between parents and professionals in different fields (e.g. teachers, speech and language therapists and psychologists) have focused on topics such as leadership and dominance (Lewis & Miller, 2011), the involvement of parents (Ekberg et al., 2018) and advice giving (Cheatham & Ostrosky, 2011; Heritage and Sefi, 1992). However, according to the literature review conducted in this study, research regarding advice giving in the context of parental feeding guidance is lacking thus far. Advice giving is often considered problematic, as it creates asymmetry between the interactants, but at the same time offering solutions to practical and easily solvable problems can advance the guidance process (Heritage & Sefi, 1992, pp. 367–368; Vehviläinen, 2014, pp. 119–120). Furthermore, the larger interactional context of the advice should always be considered, when evaluating its problematic nature (Vehviläinen, 2014, p. 165), and conversation analytic approach fits this purpose.

This study aims to increase knowledge regarding the process of parental feeding guidance. It examines how clinicians advise parents during a guidance meeting delivered via telepractice, focusing on the content, the situational context, the formulation, and the reception of the advice. The results from this study can help clinicians, who collaborate with parents, reflect on their interactional practices.

2 THEORETICAL BACKGROUND

2.1 Parent–professional interaction

Parent–professional interaction is a form of institutional interaction, which refers to conversations, where at least one participant represents a formal organization (Drew & Heritage, 1992, p. 3). Institutional interaction is a medium through which professionals conduct activities related to their work and institutional role (Drew & Heritage, 1992, p. 3; Peräkylä, 1997 p.177). Drew and Heritage (1992, pp. 22–25) mention three main characteristics of institutional interaction. First, it is goal oriented, meaning that in most cases both professional and non-professional participants orient to special institutional tasks or activities in the way they design their interaction. Second, conversations held in institutional settings are often guided by rules regarding what sort of contributions are allowable to the business at hand. Hence, some conversational actions that are considered inappropriate in mundane conversations may be promoted in certain institutional contexts but at the same some actions may be avoided. Third, the institutional context influences on how the actions performed during the conversation are interpreted. This shows for example in how the question “how are you?” is typically interpreted and replied to in doctor’s appointment in contrary to other conversational settings (Sellman & Tykkyläinen, 2017, p. 115). The institutional character of the interaction becomes visible, for example, in turn-taking systems, turn design, lexical choice and the overall structural organization (Drew & Heritage, 1992). Furthermore, institutional interaction is asymmetric by its nature. There are asymmetries in ordinary conversations as well, but these asymmetries are usually locally constructed and unrelated to the extradiscursive identities of the participants (Drew & Heritage, 1992, p. 48–49). In institutional settings, again, the relationship between status and role is often more straightforward and omnipresent. The asymmetry manifests itself in differing rights to participate, asymmetries of knowledge and rights to knowledge and in differential access to the routines and procedures relevant to the matter at hand.

Studies have demonstrated that the institutional character of the parent–professional interaction and the embedded asymmetry related to it appears both in the professionals’ conceptions and in the professional practices. Davies and colleagues (2019) have studied speech and language therapists’ (SLT) conceptions about their own roles and parents’ roles during intervention. It appeared that therapist-led practice is still the most common way of delivering SLT services. SLTs considered that they had three roles, which were to treat, plan and to coach, but the role as a coach was less clearly

formulated. According to their view, parents' role was mainly to attend the meetings and implement the activities instructed by the SLT. Only some of the respondents expressed that they conceived parents as agents of change and wanted to support their agency. Lewis and Miller (2011) have studied interaction between a parent and an educational psychologist. They examined a single consultation appointment by means of mixed research methods including quantitative content analysis, conversation analysis (CA) and discursive psychology. The study focuses on the embodiment of leadership and dominance in this sort of parent–professional interaction. Lewis and Miller (2011) divided the session into quartiles to be able to observe how the interaction changes over the course of the session. In the first quartile psychologist controlled the conversation by asking several questions of the parent, whereas the next two quartiles contained a lot of storytelling by the parent, which led to them having quantitative dominance over the conversation. In the second and third quartile, the psychologist produced a number of minimal responses to enable the parent to continue. However, these storytelling sections were followed by professional offering their opinion in a way that did not invite a reply from the parent. In the fourth quartile, the psychologist used their institutional role and knowledge to plan the next steps and to close the meeting. Professional had both process and content control over the conversation, but narratives produced by parent could be considered an attempt to oppose this asymmetry. Lewis and Miller (2011) argue that even though some power imbalances are inevitable in institutional interaction, becoming more aware of how the imbalances express themselves, can help practitioners be more reflective and self-aware.

There has been attempts to balance the asymmetry related to parent–professional interaction. Currently, collaborative practice is considered essential when working with families (Klatte et al., 2020). Collaborative practice is built on collaboration between client and professional (Smoliak et al., 2022). It respects client's knowledge, and the co-creation of meanings is a central idea in it. According to Smoliak and colleagues (2022) the shift to a more collaborative practice in family therapy arose when postmodern therapists challenged the idea of therapist being the ultimate authority in relation to the client. Even though the ideas behind this paradigm shift have existed for many years (Klatte et al., 2020) there is still lack of knowledge concerning how to achieve balance between therapist's expertise and client's subjective knowledge (Smoliak et al., 2022).

A similar notion has been made regarding the employment of collaborative practice in speech and language therapy: there is still little research on how to achieve it (Klatte et al., 2020). Klatte and colleagues (2020) conducted a study that aimed to gather evidence regarding, what works in collaborative practice with parents, for whom and in what circumstances. They argue the importance

of making the process of collaborative practice explicit, because only that makes it available for debating and testing. The study suggests that it is important to achieve mutual understanding concerning the roles and expectations of the intervention and to build onto the existing resources and capabilities of the family. The main result, however, is that more research is needed to be able to reliably answer to the questions posed in the study.

Interaction between parents and SLTs has been studied for example in the context of hearing habilitation, since family-centered care is considered best practice when providing early intervention services for children with hearing loss and their families (Ekberg et al., 2018). Ronkainen and colleagues (2014) have studied collaboration between parents and SLTs in the rehabilitation of children with cochlear implants. They used conversation analytic framework to examine the professional practices through which the SLT collaborates with parents and engages them in their child's speech and language therapy. The study showed how the role of the parent became more and more active during the therapy process finally leading to parent-driven task interaction. The increasingly numerous, longer, and more and more complex turns produced by parent reflected this gradual change. The SLT drew the child's attention to the parent and encouraged the parent to take turns to support the parent's involvement and the interaction between parent and child. Ekberg and colleagues (2018) have studied the involvement of parents in hearing habilitation as well. They examined 48 video-recorded appointments by means of CA. These appointments included both speech and language therapy and audiology appointments. According to the study, the most frequently used practice to engage parents were the so-called parent-directed commentaries. Professionals produced these commentaries during task interaction to describe or evaluate what they were observing. The commentaries were either positive evaluations of the child's response or accounts for the child's behavior, and they occurred in places where the child was struggling to respond. According to Ekberg and colleagues (2018), these commentaries had several functions, including directing parent's attention to the interaction and to their child's positive responses.

The above-mentioned studies focus mainly on the professionals and their actions, but Ekberg and colleagues (2020) have also studied parents' questions directed to the clinician during audiology and speech and language therapy appointments. They examined 48 appointments, which included all in all 89 parents' questions. Thus, there were not that many, but even so, these questions performed important actions. It appeared that most of the questions were binary, that is they could be answered with either yes or no, and they often had other functions besides requesting information. Questions displaying parental concern were the most common, and they were asked to be provided with both

reassurance and information. This observation indicates that parents had both emotional and information needs concerning their child's habilitation. Interestingly, questions displaying concern were accompanied with more hesitations compared to other types of questions.

2.2 Guiding parents in feeding difficulties

Families have an essential role in the treatment of individuals with health conditions (Kokorelias et al., 2019). Providing support for families helps to meet the care needs, but it is also important for the sake of caregivers' own health and well-being. In the literature concerning pediatric-care the term "family" most often refers to the parents of the child. Kokorelias and colleagues (2019) conducted a scoping review concerning family-centered care, and the majority of studies included in the review dealt with models designed for pediatric populations. The study aimed to identify key components of family-centered care models. Family-centered care plan development and implementation was recognized as an overarching goal, which is facilitated through four key components: 1) collaboration and communication between caregivers and health care providers, 2) consideration of family contexts, 3) illness specific education for patients, families, and health care providers and 4) dedicated policies and procedures.

Parent training is a form of family-centered care. It can be divided into two categories: parent support and parent-mediated interventions (Bearss et al., 2015; Hyman et al., 2020). Parent support refers to knowledge-focused interventions, whereas parent-mediated interventions include teaching parents to use different kinds of intervention techniques (Hyman et al., 2020). Parent support provides indirect benefit to the child, and it includes care coordination and psychoeducation (Bearss et al., 2015; Hyman et al., 2020). According to Bearss and colleagues (2015) care coordination is usually a brief consultative service which aims to make the care pathway more seamless and accessible for the family, while psychoeducation is about giving up-to-date information about the child's disorder or the challenges they are facing. Parent-mediated interventions again benefit the child directly (Bearss et al., 2015; Hyman et al., 2020). These interventions can be either primary or complementary based on the parent's role – whether it is the primary interventionist or a team member in an intervention, which is primarily therapist-led (Bearss et al., 2015). Studies have demonstrated visible changes following parent training for example in parent-child interactions (Oono et al., 2013).

Parent training can also be delivered via telepractice (see e.g. Snodgrass et al., 2017). Telepractice refers to utilizing telecommunication and internet technology to deliver services (American Speech-Language-Hearing Association; ASHA, 2023). ASHA (2023) uses the term telepractice instead of telemedicine or telehealth to avoid creating or maintaining the impression that these services are only used in health care. Telepractice can be either synchronous, asynchronous or hybrid. Services delivered with real-time audio and/or video-connection are synchronous telepractice, whereas saving and transmitting data to be viewed later exemplify asynchronous telepractice. Hybrid telepractice again is a combination of the previous two. The delivery of rehabilitation services via information and communication technology can also be referred to as telerehabilitation (Brennan et al., 2010). The use of telehealth services became considerably more common along with the coronavirus disease 2019 pandemic (Gajarawala & Pelkowski, 2021). The use of telepractice services for example in the field of rehabilitation has proven to be an effective alternative to usual care in situations where face-to-face care is limited (Ogourtsova et al., 2023). However, even though the use of telehealth can improve access to care, there are still many barriers to it, such as the greater vulnerability to privacy and security risks and possibilities for technical problems (Gajarawala & Pelkowski, 2021).

Parent training is used in the treatment of a variety of health conditions. It has been used, for example, to treat children with autism spectrum disorder (ASD), to help families with typically developing children who have disruptive or externalizing behavior and to support language development of children with hearing loss or late language emergence and children born prematurely (Bearss et al., 2015; Belanger et al., 2021; Cable & Domsch, 2011; King & Xu, 2021; Noll et al., 2021; Reyno & McGrath, 2006). Parent training has also been employed in the treatment of pediatric feeding problems (Lukens & Silverman, 2014). For instance, in behavioral feeding problems, which are typically characterized by disruptive feeding behaviors (either passive or active), strengthening primary caregiver or feeder skills is an important component of the treatment, because it facilitates implementation of intervention techniques (Arvedson et al., 2020, p. 552, 559). Many of the studies regarding parent training in the treatment of pediatric feeding disorders apply to children with or at increased likelihood of ASD. These studies often report that parent training has led to positive outcomes (Aponte et al., 2019; Lai et al., 2014). There are, however, methodological issues that decrease the level of evidence, one of them being the lack of proper reporting of the training process (Aponte et al., 2019; Hodges ym., 2022).

Parent training methods used in the treatment of pediatric feeding disorders are for example verbal and written instructions, modeling, rehearsing, role-playing, videotaping and giving feedback (Diaz

et al., 2018). One method frequently used to enhance parent–child relationships on a more general level is video interaction guidance (VIG) (Dodsworth et al., 2021). It is a strengths-based and client-centered intervention method, which aims to promote attunement, sensitivity and mentalization in relationships by pointing out successful events in video-taped interaction (AVIGuk, 2023; Pilnick & James, 2013). The attuned interaction between guider and client can also lead to client taking a more active role in the intervention (Dodsworth et al., 2021). According to a systematic review conducted by Dodsworth and colleagues (2021), VIG can increase attunement and attachment between parent and child, and these results are reported to last until 20 months post-intervention. However, the researchers note that more research is needed to be certain about the maintenance of these effects. (Pilnick & James, 2013). Pilnick and James (2013) have studied interaction during a VIG session demonstrating how seeing success is a socially situated activity. They conclude that guider and parent need to become co-workers for the method to function, and this requires putting professional authority aside. Even though this method is not about teaching parents but rather about co-constructing the meanings, there is still the idea that the guider helps the parents to see their child’s interaction in a new way. These two aspects may be difficult to integrate, which comes apparent in Pilnick and James’s (2013) study. The guider in their case was also the second author of the article, and her first reaction to the analysis written by the first author was dissatisfaction with her own actions. She felt that occasionally it seemed as if she was trying to realign the parent’s perspective to match her own instead of leading a process of co-construction. This observation led to modifying the practices of VIG. It also shows how reality does not always conform to the ideal, and it may require detailed analysis of the interactional processes to make this inconsistency apparent.

2.3 Advice giving

Vehviläinen (2014, p. 12, 111) defines guidance as collaboration in which the processes of learning, growth, working, or problem solving are being facilitated in a way that strengthens agency of the one being guided. It aims to be anchored to the subjective world of experience of the client, but furthermore, it often aims to change it in some way and utilizes expertise and views of others. Vehviläinen (2014) describes guidance interaction by distinguishing four different orientations of guidance: supportive (kannatteleva), explorative (tutkiva), problem-solving (ongelmanratkaisu-) and educative (opettamis-) orientation. Orientation is defined as a situational line of action that may sometimes be exercised without being aware of it (Vehviläinen, 2014, pp. 115–116). For example, a professional may have a habit of answering problems, concerns, or expressions of unawareness with

advice and thus, they may start advice giving in these contexts without even paying attention to it. Advice giving is a form of problem-solving orientation (pp. 119–120). This orientation is more typical of service encounter, where it is not assumed that the client solves their own problem. However, when explorative orientation is exercised thoroughly through asking information-seeking questions, it often raises practical problems that can be easily solved, and the solution of these problems can advance the guidance process. Besides advice giving, problem-solving orientation can be exercised through offering feedback. Feedback comments on the recipient's action, performance, or output to bring about improvement, and it can be either corrective or consolidating (Vehviläinen, 2014, p.168).

Advice giving is an action that is usually accomplished within two or more turns at talk, and it is constructed in collaboration between the advice giver and the advice recipient (Vehviläinen, 2014, p. 159). It offers the recipient information or a course of action, that is held useful by the advice giver. Advice giving assumes or creates asymmetry between the interactants, since it implies that the advice giver has noted or presumed a deficit in recipient's knowledge (Hutchby, 1995). According to Vehviläinen (2014, p. 160) advice giving has three main aims: 1) formulating alternative courses of action, 2) participating the problem-solving process and 3) offering support and help. Advice giving is a directive action that intends to steer recipient's thoughts or actions into a certain direction (Vehviläinen, 2001, p. 40). Even though advice primarily seeks for approval there is always opportunity for refusal as well. If not, then the action performed is not an advice but a command.

Both giving and requesting for advice can be deemed problematic activities, since they both create asymmetry between the interactants at least situationally (Heritage & Sefi, 1992, pp. 367–368). They convey that the advice recipient lacks knowledge or competence regarding the matter at hand, and at the same time they display the advice giver as someone who is more knowledgeable or competent in that matter. According to Heritage and Sefi (1992, p. 368) this setting may be exacerbated in parent–professional interaction where the parent is responsible for their child's care, and the professional may be seen as someone who evaluates their competence to offer it. The asymmetry is strongly related to epistemics. In the field of CA, the term *epistemics* refers to knowledge claims which are both asserted, contested, and defended by the interactants (Heritage, 2013, p. 370). *Epistemic status* is a relative territory of information, which is more or less unique to each interactant (Heritage, 2013, p. 376). It involves authority, access, rights and responsibilities related to some domain of knowledge (Heritage, 2013, p. 376; Stivers et al., 2011, p. 3). *Epistemic stance* again refers to the way these positionings are conducted moment-by-moment during the conversation (Heritage, 2013, p. 377). In institutional interaction, epistemic rights are related to the interactants' institutional roles (Stevanovic,

2016, p. 208). Besides lay–professional interactions, this becomes apparent in interactions between professionals during multi-professional collaboration. Interactants’ perceptions regarding their own and others’ epistemic rights and responsibilities manifest themselves in, for example, turn design and turn allocation.

The problematic nature of advice giving is also related to deontic authority, that is, someone’s right to decide upon others’ future actions (Stevanovic & Peräkylä, 2012). It can be manifested in talk through commanding, proposing, suggesting, or hinting, which all imply differing degrees of deontic authority. For example, a proposal creates a rather symmetric relationship between the interactants, whereas asserting creates asymmetry. Furthermore, the fact that the guider gets access to the experiences and important life questions of the client and that the things discussed during guidance have personal value to them, make the client much more vulnerable in the guidance situation compared to the guider, which also affects the power dynamics (Vehviläinen, 2014, p. 20). Vehviläinen (2014, p. 165) notes, however, that advice is always a part of a larger interactional context, and this whole context should be taken into consideration when evaluating its problematic nature. It is central to consider: what makes the advice giving relevant in its context, what it solves, how it is formulated and who take part in its formulation, how obligatory it is perceived, and furthermore, what kind of reception it gets.

Advice giving becomes relevant when there occurs a problem or a deficit of knowledge (Vehviläinen, 2014, p. 159). Heritage and Sefi (1992) have examined, how advice giving is made relevant in interactions between health visitors and first-time mothers. They noted, that in this interactional context direct requests for advice were infrequent (Heritage & Sefi, 1992, pp. 373). Furthermore, mothers designed them in a way that made them preserve their appearance of competence in the best possible way. For example, they preferred binary questions proposing an appropriate course of action (e.g. “Shall I let her tell me when she’s hungry?”) instead of open-ended questions which would make the lack of knowledge more pronounced (cp. “How often should I feed her?”). The results from the study conducted by Ekberg and colleagues (2020) are in line with these observations. Parents asked few questions during audiology and speech and language therapy appointments, and they were mainly binary. Tendency to avoid direct requests for advice has been noted in academic supervision encounters as well (Vehviläinen, 2009), which indicates that it does not apply to parent–professional interactions alone. Heritage and Sefi (1992, p. 373) conclude, that the infrequency and the formulation of questions seeking for advice may imply that first-time-mothers avoid requesting advice, when interacting with health visitors, in fear of getting judged. Sometimes the mothers solicited advice by

describing a problem (Heritage & Sefi, 1992 pp. 373–376), which leaves the request for advice implicit. Thus, it is for the professional to decide, whether they treat it as such. Health visitors tended to respond to these descriptions by giving advice, which, according to Heritage and Sefi, implicates that they held advice giving central. Cheatham and Ostrosky (2011) made a parallel notion when examining parent–teacher interactions. Trouble talk, that is, the describing of a problem, most often led to the teacher giving advice. Cheatham and Ostrosky suggest that this course of action offered parents a way of getting advice without a need to admit that it is needed. It was also noted that the roles – parent as an advice seeker and teacher as an advice giver – remained unchanged during the whole conference and teachers avoided giving parents cause to advise them in how to handle their child.

Giving advice without a request for it is common in contexts where advice giving is expected, which is the case in many institutional settings (Vehviläinen, 2001, p. 41). For example, in Heritage and Sefi’s data, health-visitor-initiated advice were considerably more common compared to mother-initiated advice (Heritage & Sefi, 1992, p. 377). In these cases, the relevance of advice giving was not established by the mother and nothing clearly indicated a need for advice. However, professionals use ways to mitigate the asymmetry that this course of action brings about and to build a context where advice giving is relevant. One of the most prevalent and studied mitigations is the use of advice-implicative and information-seeking interrogatives before delivering the actual advice (see e.g. Butler et al., 2010; Heritage & Sefi, 1992; Smoliak et al., 2020). Heritage and Sefi (1992) use the term *stepwise entry in advice giving* to describe the process where the problem is developed by asking an information-seeking question. Should it lead to a problem-indicative response, the advice is grounded in it. It was noted though, that sometimes the health visitors started advice giving even though the mother’s answer did not display a problem, as if to foresee a possible problem that might occur. Stepwise entry in advice giving is a continuum, since there was considerable variation in how well the health visitors prepared their advice before delivering it. Smoliak and colleagues (2020) studied interaction during emotion-focused family therapy involving chair work, and the stepwise entry in advice giving appeared in this context as well. The therapist usually prepared their advice with an information seeking question. By doing so, they affirmed the client’s epistemic primacy by positioning themselves as an unknowing questioner and the client as a knowing recipient. The actual advice was grounded in the client’s reply. Professionals can also mitigate their advice by means of turn design. For example, teachers in Cheatham and Ostrosky’s (2011) study phrased their advice as general information instead of using imperative or modal forms, such as “Take him to the store” or “I would take him to the store”. Professionals may also use empathy displays (e.g. “I can imagine

that”) to end a troubles-telling sequence and start advice giving (Stommel & Molder, 2018). However, sometimes the advice is delivered with only minimal preparation. For example, Cheatham and Ostrosky (2011) noted that advising became more straightforward near the end of the meeting, where the teachers seemed to rush to bring the meeting to a close. It has been noted that the extent of preparation may have an impact on the reception of the advice (Heritage & Sefi, 1992, p. 410; Smoliak et al., 2020).

Heritage and Sefi (1992, p. 389) noted that mothers tended to avoid overtly acknowledging the informativeness of the advice. They name three main ways of receiving advice: 1) marked acknowledgement in which the advice is overtly acknowledged as an advice and which often expresses acceptance of it, 2) unmarked acknowledgement, which does not acknowledge the informativeness of advice and the acceptance of it but neither is the advice overtly rejected, and 3) assertion of knowledge or competence, which displays that the recipient already has the information or competence that is being offered to them through advice giving (Heritage & Sefi, 1992, p. 391). According to Heritage and Sefi (1992, p. 409) the last two options are to some extent resistant to the delivery of the advice. Overtly marking the acknowledgement of advice was rare in the interactions between health visitors and first-time mothers, and they often occurred in contexts where the advice giving was mother initiated (Heritage & Sefi, p. 395). Heritage and Sefi suggest, that it is permitted and maybe even expected to overtly notify and accept the advice in case the recipient has requested for it. They considered receipts like “oh” and “oh right” to be marked acknowledgements because they mark the advice as news, whereas objects like “mm hm” and “yeh” do not and were thus considered unmarked (Heritage & Sefi, 1992, p. 391, 395). In unmarked acknowledgements, the resistance is not explicitly displayed, but a substantial number of advice-giving sequences involving unmarked acknowledgements were followed by overt displays of resistance, and thus Heritage and Sefi conclude that they imply resistance to the delivery of advice (Heritage & Sefi, 1992, p. 402, 409). Vehviläinen (2001, p. 59) states though, that refusal can sometimes be a sign of customer orientation. If the client ventures to disagree with the professional by expressing their refusal of the advice, it may imply that they orient to the situation as such where the interactants are equally knowledgeable.

3 AIM OF THE STUDY AND RESEARCH QUESTIONS

This thesis examines how clinicians advise parents during a feeding guidance meeting delivered via telepractice. It aims to increase knowledge regarding the *process* of guiding parents, since currently there is a lack of research regarding this matter (Aponte et al., 2019; Hodges ym., 2022;. Klatte et al., 2020; Smoliak et al., 2022). Becoming more aware of the professional practices can benefit both the clinicians collaborating with parents and the families themselves, since it enables further developing and unifying the practices. The clinicians in this study represent different fields and therefore this study also increases knowledge regarding how multi-professional collaboration is conducted in practice. It also sheds light on the similarities between professionals in how they interact with parents.

Advice giving and customer orientation are often perceived to conflict with each other (Vehviläinen, 2001, p. 40). For this reason, professionals use various ways to mitigate their advice and the asymmetry related to advice giving. This study analyzes advice-giving sequences by means of CA which enables, for example, examining their formulation in detail. Furthermore, it offers a data driven approach, which takes the interactional context into consideration. This means that besides analyzing the actual advice this study examines what precedes them in the interaction, who takes part in their formulation and what kind of reception they get. Pilnick and James (2013) argue that conversation analytic study regarding interaction-based clinical interventions is needed to unpack their processes. Otherwise, they may be overshadowed by other interventions that can be reproduced with a greater degree of fidelity even though these interventions would not fit the clinical need in question.

The research questions are as follows:

1. What is the content of the advice?
2. How is the advice delivered?
 - a. What is the situational context of advice giving, that is, how is it initiated and by whom?
 - b. How is the advice formulated?
 - c. How is the advice received?

4 METHOD

4.1 Data

The data consists of one video-recorded feeding guidance meeting, which was collected in Kylliäinen and colleagues' Gaze@Toddler (Katse taaperoon) -project. Gaze@Toddler -project has two main aims. First, it aims to examine the gaze behavior of toddlers aged 16 to 18 months, who will either develop typically or be later diagnosed with ASD or other neurodevelopmental disorders (Gaze@Toddler, 2023). Second, it aims to study the effectiveness of parental guidance in relation to the gaze behavior and the level of engagement of a toddler at increased likelihood of ASD. Parental guidance was offered to those families whose children had some characteristics of ASD according to the screening questionnaire filled in by the parents and the observations made during the assessment appointments (Nieminen, 2023, p. 15). All these families were offered guidance in how to support their child's orientation towards faces and social interaction. In addition to this, they were offered either sleep or feeding guidance based on the child's situation. Each guidance period consisted of five individual guidance meetings of which three were delivered face-to-face and two via telepractice (Microsoft Teams). All meetings were video recorded for research purposes.

Feeding guidance focused on creating and maintaining a positive atmosphere during mealtimes, introducing new foods to the child, and decreasing challenging behavior. In addition to the guidance meetings, parents were asked to video-record mealtimes at home. Feeding guidance was provided by a neuropsychologist and an SLT. The child participated in the face-to-face meetings but not the meetings delivered via telepractice. This study examines one telepractice session from one family. Its total duration is approximately 77 minutes, and it is the second of the five meetings. There are four participants in this session: two parents and two clinicians. One of the parents has to leave at the end of the meeting and is therefore not present in all of the advice-giving sequences. Session was delivered via Microsoft Teams -software and video-recorded using the record function of it. All the participants have their web cameras on during the whole meeting, but the parents' faces do not always show on the screen due to the camera angle. There are also occasional technical issues concerning the meeting audio, but they are only transient. While attending the meeting, the parents share the same physical location and the same computer, whereas the clinicians are on their own computers. During the session, parents' observations and concerns regarding their child's eating are discussed. It also

includes viewing of a videorecording taken at home during mealtime and discussion concerning that. Hence, the meeting combines elements of both synchronous and asynchronous telepractice.

4.2 Basic principles of conversation analysis

The video is analyzed by means of CA. CA is a research method that is based on the lectures by Harvey Sacks from 1964–1972, and it has its roots in ethnomethodology (Lindholm et al., 2016, pp. 9–10). It investigates spontaneous and naturally occurring social interaction and can also be considered a theory of it (Lindholm et al., 2016, p. 27; Stivers & Sidnell, 2013, p. 2). One of the main theoretical assumptions in CA is that social interaction is orderly at a fine-grained level of detail, meaning that mutual understanding is not based on coincidence (Hakulinen, 1997a, p. 13; Stivers & Sidnell, 2013, p. 2). It also assumes that all meanings are constructed in collaboration between the interactants (Hakulinen, 1997a, p. 15; Stivers & Sidnell, 2013, p. 2). Thus, interaction is not about transferring data from one interactant to the other but instead, each turn is interpreted on the grounds of what follows it (Hakulinen, 1997a, p. 15). Sacks and colleagues (1974) use the term *next turn proof* to describe this procedure. They also state that CA is interested in these interpreted meanings since they are the ones that steer the course of interaction. Lindholm and colleagues (2016, pp. 22–23) note, however, that sometimes the interrelation between the expression of the prior turn and the interpretation of the previous one is not that straightforward. For example, the previous turn may be recognized as criticism, but the criticism may be intentionally left aside. Furthermore, conversation analytic study is descriptive and not evaluative by its nature (Lilja, 2018; Lindholm et al., 2016, pp. 26–27). Hence, it does not intend to distinguish successful from unsuccessful interaction but merely describes it.

Turn-taking is one of the most central features of conversation (Sidnell, 2010, p. 36). All forms of joint activity require coordination of the participants' contributions, and among CA this management is called a *turn-taking system*. It describes the distribution of opportunities to take part in the conversation. Turn-taking system is a certain set of rules, which tells the interactants who gets to speak, when, and for how long, but these rules are not written or agreed in advance (Hakulinen, 1997b, pp. 32–33). Instead, the system is constructed and practiced during the conversation in collaboration between the participants. It is both context free and context sensitive, meaning that the rules are universal, but contextual factors may have an impact on them. Sidnell (2010) outlines some of these rules but acknowledges that there are always exceptions to them. For example, according to

the *one-at-a-time rule*, both gaps and overlaps in the flow of conversation are avoided (Sidnell, 2010, p. 37). Nevertheless, overlap often occurs in *transition relevance spaces* where speaker transition is expected (Sidnell, 2010, p. 52). Waiting until the interlocutor finishes their turn would actually result in a gap between the turns, which is also unpreferred regarding the rule (Sidnell, 2010, p. 38).

Turn is the basic unit of conversation, which is constructed from one or more *turn constructional units* (TCU) which can also be referred to as *utterances* (Hakulinen, 1997b, p. 34; Lilja, 2018). TCUs can be either single words, phrases, clauses, or sentences (Sidnell, 2010, p. 41). When producing multi-unit turns, people tend to make special provisions at the end of each TCU to display that they are not finished (Sidnell, 2010, p. 42). This indicates that producing only one TCU at a time is expected, and at the end of each TCU there is a transition relevance place. In CA, interaction is perceived as action, and conversation analysts are interested in how interactants accomplish recognizable social *actions* by their turns (e.g. greeting) (Lilja, 2018). *Practice*, again, refers to the utterance that is used to perform this action in a specific interactional context (e.g. “hello”) (Sidnell, 2010, p. 61). The relation between action and practice is rarely one-to-one, meaning that one utterance can be used to perform several actions. In many cases, the relation is purely contingent and situation-based. Levinson (2013, p. 222) uses the term *project* to refer to “plans of action” which are adumbrated during conversation, but which may or may not get embodied. For example, advice-implicative interrogatives initiate the project of advice giving, but in case the answer to them does not display a problem, the project may not be realized.

Actions often group together and constitute *sequences* of actions (Raevaara, 1997, p. 75; Sidnell, 2010, p. 59). Highly conventionalized sequences that consist of two turns produced by different speakers, such as question and answer, are called *adjacency pairs* (Schegloff, 2007, p. 13). These turns are typically adjacently placed, and they have a certain order. They thus involve a *first pair part* and a *second pair part*. Sometimes adjacency pairs can be expanded by pre-, insert-, or post-expansions, which all serve specific interactional purposes (Schegloff, 2007). Most adjacency pairs have alternative second pair parts which differ in how they are aligned with the action accomplished by the first pair part (Schegloff, 2007, pp. 16, 58–60). For example, an offer can be responded to with an accept or a decline. Typically, those second pair parts that forward the action displayed in the first pair part are preferred. In CA, the term *preference* does not refer to the interactants’ personal likings or dislikings but is rather a social feature connected to the sequences and the relations between sequence parts (Schegloff, 2007, p. 61). Preferred turns can typically be distinguished from

unpreferred ones on account of turn design. It has been noted, that unpreferred responses are more often delayed, meandering and accompanied by excuses (Tainio, 1997, p. 94).

CA is strongly empirical and based on inductive reasoning (Vatanen, 2016, p. 312). Therefore, the research process starts with the data. During data collection phase, recording the interactions is necessary to be able to observe them in detail (Lilja, 2018). Nowadays, the data often consists of video recordings which enables examining interaction from a multimodal perspective instead of focusing merely on what is being said. In CA, the data-driven approach shows in the developing of the research questions as well. The researcher often has some sort of idea of what interests them before getting familiarized with the data, but the final questions are decided after taking an unmotivated look at it (Vatanen, 2016, p. 320, 322). Aim is to raise questions that are central to the data in question (Lilja, 2018). After choosing the analytical focus of the study, the researcher creates a *collection* of the phenomenon in question. Vatanen (2016, p. 323) notes that both prototypical and borderline cases should be included in it. After creating the collection, the phenomenon is described through detailed analysis of the occurrences involved (Vatanen, 2016, pp. 323–324). The occurrences are compared to each other and proportioned to the whole collection to depict the variation related to the phenomenon and the subtypes of it. Lastly, the researcher aims to explain the variation. The interpreted meanings, which appear in the participants' actions, serve as a ground for the explanations.

As mentioned above, conversation analytic study aims to describe and not evaluate, but this does not mean that the results have no practical value. Lilja (2018) notes that when interaction is analyzed in a detailed manner it often helps us to see what works and what does not. Sometimes, especially when examining institutional interaction, the researcher may suggest new practices on account of the results (Vatanen, 2016, pp. 328–329). Nevertheless, one must be cautious about making generalizations on account of conversation analytic study, since sample sizes are often small (Lindholm, 2016, p. 26).

4.3 Data analysis process

This study utilized a pre-existing data, and the researcher did not take part in its gathering. After viewing all five feeding guidance meetings from one family, one meeting was selected for closer examination. Since the aim was to study interaction between the parents and the clinicians, it was decided to examine a telepractice session where the child was not present. The selection between the

two telepractice sessions was arbitrary. The next stage was transcribing the meeting. Conversation analytic transcripts aim to describe not only the content of what is being said but also the form of it (Hepburn & Bolden, 2013, p. 57). Thus, orthographic representation is not enough. The transcript symbols used in this study follow the Jefferson (2004) transcript conventions. Transcripts are, however, always selective, and not all symbols introduced by Jefferson (2004) were used in this study. Those that were, are listed and defined in the appendix 1. The transcript was written using a word processor, but ELAN (version 6.6) -software was utilized during the transcription process, for example, to be able to see the exact pause lengths. Since the conversation is held in Finnish, the excerpts included in this thesis also involve an idiomatic translation to English.

Advice giving was selected as the analytical focus after doing a raw transcript of the whole meeting. Thereafter, the advice-giving sequences were extracted from the data and transcribed in a more detailed manner. When building the collection, all turns that could be interpreted as solutions to a problem, that was either depicted in the preceding conversation or displayed in the advice-giving turn, were considered advice. Advice regarding technical issues (e.g. how to share the screen) were excluded from this study. Furthermore, those parts of the conversation that included highly personal data, technical issues with the meeting audio or viewing of a video clip were not included in the transcripts and thus neither analyzed. Altogether 11 advice-giving sequences were included in the collection and their whole duration is approximately 37 minutes. Some of these sequences include more than one advice. The advice is often constructed in collaboration between the interactants and is not located in a single turn – therefore, it is not meaningful to count the number of advice-giving turns.

To answer the first research question (*What is the content of the advice?*), advice were first categorized on account of their relation to the parents' previous actions displayed in the preceding conversation. After labeling all the advice occurrences, they were examined regarding their context, formulation and reception. These information were arranged in tabular form. One occurrence of every type is presented and analyzed in the Results-chapter, and these single observations are compared to the whole collection to give an overall view of the data. The sequences are presented and analyzed in 3–4 parts, but these parts immediately follow each other in the conversation, unless otherwise specified.

When analyzing the formulation of the advice this study refers to the online version of “Iso suomen kielioppi” (VISK), which is a descriptive Finnish grammar. It is based on a large data containing both

written texts (e.g. newspaper articles) and spoken interactions (e.g. phone conversations), and it presents a mainly qualitative description of how, for example, Finnish words and grammatical structures are used by the language users and what kind of meanings they get. The grammar consists of sections, and as recommended by the authors, it is referred to by mentioning the number of the section in the in-text citation.

4.4 Ethics

The meeting analyzed in this study was recorded as a part of Kylliäinen and colleagues' Gaze@Toddler -project. All families participating in this research project sign a written consent form in which they are informed of the possibility to withdraw from the study at any stage without having to announce the reason for it. The consent form is accompanied with a research handout offering information on the research project and the implementation of the study. The excerpts included in this thesis are anonymized so that the family cannot be recognized from them. To protect the family's privacy, only minimal information is provided about them. The clinicians who appear in the data, have been aware of this study from its initiation and have given their consent to it. During the research process, the recording of the meeting was kept and viewed only in the Tampere University's Human Information Processing Laboratory to ensure participants' privacy protection. Transcripts were kept in the researcher's personal OneDrive -platform which can be accessed only via two-factor authentication. No unique identification data were included in these transcripts.

This thesis follows the guideline of the Finnish National Board on Research Integrity TENK (2023). Basic principles of research integrity are reliability, honesty, respect, and accountability (TENK, 2023, pp. 11–12), and these principles have guided every stage of this study. This means, for example, respecting others' work by following proper reference practices, reporting the results in a transparent and unbiased manner, and respecting the participants by handling the data carefully and ensuring their privacy protection. The last-mentioned was implemented by pseudonymizing the transcripts, which meant replacing both direct and indirect identifiers with artificial ones. Names were decided to be replaced with abbreviations instead of artificial names to remove any references to the participants' gender. For the same reason, the gender neutral they-pronoun is used when referring to the participants, both in the English translations of the transcript excerpts and in body text.

5 RESULTS

5.1 The content of the advice

The content of the advice varies in relation to the parents' previous actions. Three types of advice were recognized: 1) advice promoting previous lines of action, 2) advice suggesting new lines of action, and 3) advice correcting previous lines of action. Most of the 11 advice-giving sequences include more than one type of advice, as is being illustrated in table 1. Especially advice promoting and advice correcting previous lines of action often came together in the data. They may even occur in a same turn (e.g. “voiha se tietysti olla vähä pienempi- pienempi pala mutta että .hhh saa siinä mutustella sitä leipää jo oottaessa että sitt=ei kerkee tullakkaa se .hhh se kiukku” / “it could, of course, be a somewhat smaller- smaller piece, but that one can munch that bread there already when waiting so that then the anger won't have time to come after all”). One sequence may also include several instances of one type of advice. For example, advice suggesting new lines of action often came in a group. Chapters 5.1–5.3 describe the situational context, formulation, and reception of these different types of advice by offering a detailed analysis of one advice-giving sequence of each type and comparing the single observations to the whole collection.

Table 1. The occurrence of different types of advice in the advice-giving sequences.

Sequence	Advice promoting previous lines of action	Advice suggesting new lines of action	Advice correcting previous lines of action
1	x		
2	x		
3		x	
4	x		x
5	x		x
6	x		x
7	x	x	x
8		x	x
9			x
10	x	x	
11	x	x	x

5.1 The delivery of the advice

5.1.1 Advice promoting previous lines of action

Advice that promote previous lines of action occur in eight of the 11 advice giving sequences. These advice come close to feedback because they often involve appraisal. In most cases, the advice giving was initiated by the parents (5/8 sequences). There are two cases in this category, where clinician initiates advice giving by asking an information-seeking question (e.g. “pärjääks hän sen määrän kanssa jos suussa on kauheesti ruokaa” / “can they manage on the amount if there’s an awful lot of food in their mouth”), and one where the advice is given while summing up the conversation and is thus delivered with no further preparation. The occurrences in which the advice giving is initiated by the parent differ with respect to the participants’ epistemic statuses. On one end of the continuum are cases where the parents themselves suggest a solution to the problem while describing it, which displays them as having knowledge regarding the matter at hand. These turns are treated as seeking for the clinicians’ approval, though it is not explicitly asked for, since they end up initiating advice-giving sequences. On the other end of the continuum is an occurrence where the problem description is accompanied with an open-ended question, which implies that the parents have not been able to come up with a solution on their own. Somewhere in the middle of the continuum, again, stand cases where the parents explicitly ask for clinicians’ opinion on their previous actions, often implying that these actions may be deemed problematic (e.g. “ollaanko me liial lepsuja” / “are we being too soft on them”).

Excerpts 1–4 illustrate an advice-giving sequence where the description of the problem is accompanied with an indirect open-ended question making the advice seeking explicit. The conversation takes place after watching a video clip taken at home during mealtime. The clip depicts a situation which the parents have found challenging and which, according to them, has often repeated itself during mealtimes. All four participants are taking part in the conversation, and the following abbreviations are used to refer to them and the child, who is not present: parent 1 (P1), parent 2 (P2), child (CH), speech and language therapist (SP) and neuropsychologist (NP). Excerpt 1 illustrates the problem description phase of the advice-giving sequence.

Excerpt 1. Initiation of advice-giving.

265 P1: *nii mum=mestä toi alku on se että- mää kaipaisin siihen että*
yeah, in my opinion, that beginning is that- I'd need that

266 **miten meidän kannattas niinkun- (1.2) mitähän tässä lopussa,**
how we should, like- I wonder what here at the end

267 **<ei tässä vaan nyt (0.2) sit jota-**
no, here's just now, then some-

268 **iha hy[vässä hengessä CH ()**
in quite good spirits, CH

269 NP: **[niin tässähän CH ihan hyväntuulisena**
yeah, here CH is in a quite good mood

270 **(0.2)**

271 SP: **mjoo.**
yeah

272 P1: **joo ei tässä sitte (0.2) että toi on alku (.) niinku toihan (.)**
yeah here's nothing then, so that's the beginning, like, that

273 **nii (0.7) ehkä tää alku just on, että tämmönen tilanne on**
yeah, maybe this beginning just is, like, this kind of situation has

274 **toistunu tosi usein että- (0.4) (FP) (0.6) että**
repeated itself so many times that- that

275 **tota: (1.8) että tää alkaah (0.4) silleen että tulee se**
um, that this starts so that there comes this

276 **harmitus heti tos[sa alussa**
frustration right there in the beginning

277 NP: **[nii (.) niinku tos lukeeki alkukiukku**
yeah, as it reads there: "initial anger"

278 **tos[sa**
there

279 P1: **[mm.**
mm

280 NP: **nimes[sä että**
in the title that

281 SP: **[joo.**
yeah

282 **(0.9)**

The excerpt starts with parent's turn in which the advice giving is made relevant (lines 265–268). P1 locates the problem and requests for advice with the utterance “nii mum=mestä toi alku on se että-mää kaipaisin siihen että miten meidän kannattas niinkun-“ / “yeah, in my opinion that beginning is that- I'd need that how we should, like-”. The utterance is cut short, when P1 starts pondering if there occurs challenging behavior at the end of the video clip as well. They then come to the conclusion that there is not, and in line 272, the parent continues to describe the problem. They bring out its frequency and sum up the problem with “että tää alkaah (0.4) silleen että tulee se harmitus heti tossa alussa” / “that this starts so that there comes this frustration right there in the beginning” (lines 391–392). After the problem has been defined, SP asks a question requesting for more information

regarding the child's challenging behavior and both parents take part in answering it. This following phase is illustrated in excerpt 2.

Excerpt 2. Question-answer sequence preceding the delivery of the advice.

- 283 SP: .hhh joo, mut=et sitte niinku semmosta mitä omaan silmään .hhh
yeah, but that, then like, what caught my eye
- 284 niinku mä mietin just tossa että .hhh onks toi niinku toi nyt
like, I was wondering right there like, is that like, that right
- 285 tossa toi kiukun määrä semmonen (.) niinkun iso (0.6) vai
there, that level of anger, like, high or
- 286 minkäläinen verrattuna siihen- (.) tai mit- miten CH yleensä
how is it compared to-, or ho- how does CH usually
- 287 nii
you know
- 288 (0.6)
- 289 P1: no aika tyy[pillinen
well, quite typical
- 290 SP: [ni onks- onk=se tämmöstä
so, is- is it like this
- 291 (1.0)
- 292 P1: [aika tommonen perus
that's pretty normal
- 293 P2: [() --
((34:33-35:14 technical problems, can't here P2's voice))
- 294 P2: -- joo ni tosiaan (1.1) mu- ai- aika tyypillinen varmaan toi
yeah, well so, qu- quite typical I guess, that
- 295 (0.4) tota (.) CH:n (0.5) ärsyyntyminen tossa ja sit jos (0.7)
um, CH's annoyance there, and then if
- 296 jos ei mitään tee? mikä (.) tota ärsyyntämistä niinku
if you do nothing that would make that annoyance sort of
- 297 rauhottais ni (0.2) se tosta viel sit kiihtyy=
soothe, so, then it even ramps up from there
- 298 NP: mm.=
mm
- 299 P2: =kiihtyy niinku (0.4) pahemmaks mut ei se (0.4) ei se sillaseks
ramps up, like, gets worse, but it doesn't- it doesn't get to the
- 300 mee että CH tuolta niinku tuolista (0.2) lentäis pois tai-
point where CH would, like, fly from the chair or-
- 301 P1: ()
- 302 (2.1)
- 303 SP: joo .hhh mutta sehän loppu sitten (1.3) aika pian (.) tossa.
yeah, but it ended then, right, pretty soon after that
- 304 (2.3)
- 305 SP: nii oikeesti mua niinku (.) mua kiinnostaa tossa videolla nyt
so, what really, like, what really interests me on that video now

306 **sit se ihan se alkuhuuto (0.8) ja sitten mitä sitten tapahtu**
is that very first cry, and then what happens after it

307 **(1.0) koska se loppu aika pian. --**
because it ended quite soon

 ((35:54-37:51 searching for the right part of the video and watching that part))

SP's question in lines 283–287 leads to the continuation of the problem description (lines 294–300). This question–answer sequence can be considered an insert-expansion, if the problem-indicative turn and the advice are thought of as an adjacency pair. There are all in all four advice-giving sequences in which the advice is preceded by an information-seeking question, and in all these cases the advice promotes previous lines of action. By these questions, the clinician seems to ensure that they have enough information regarding the problem before offering a solution to it. In the advice-giving sequence under inspection, there comes another insert expansion, before the parents' initial advice-seeking question gets to be answered. It is initiated at the end of excerpt 2 when SP asks to see a certain part of the video clip once more (lines 305–307) and it is brought to review.

After rewatching the clip, SP delivers the advice, as the excerpt 3 illustrates. Because this particular advice-giving sequence was extremely long, a part of the transcript was extracted from the following excerpt to make it more readable and also to protect the participants' privacy. This extraction is marked with two dashes (--) and accompanied with an explanation of what has been extracted.

Excerpt 3. The delivery of the advice.

308 **SP:** -- nii (.) mä en tiä- siis sanos nyt NP ku .hhh mum=miestä
yeah, I don't know, like, tell me NP 'cos in my opinion

309 **niinku toi- toi ei nyt tee oikeutta toi sekoiluotsikko tossa**
like, that- that doesn't do justice, that "fussing about" -title there

310 **ollenkaan kun**
at all, when

311 **NP:** heh
ha ha

312 **SP:** jo- niinku se varmaan mitä se hoitaja (.) tarkottikin
like, what the daycare worker probably meant too

313 **(.) tai >en tiedä mitä hän on tarkottanu minä tulkitsen< heh**
or I don't know what they meant but I'm interpreting, ha ha

314 **.hhh niinku se että hällä tulee se tunnetila (1.0) ja (0.6)**
like, that this emotional state overtakes them, and

315 **tehän ootte oikeesti molemmat- niinku kumpikaan ei panikoi.**
you are both really, like, neither of you are panicking

316 **(1.8)**

317 **SP:** sä P2 lohdutat häntä ja sehän on nyt juurikis se semmonen
you, P2, comfort them, and that's exactly a kind of a thing,

318 (.) siis millä niitä kierroksia lasketetaan. semmonen @mmmm.@
I mean, that you use to ramp that wheel down, sort of "mmm"

319 n(h)iinku että oikein niinku oppikirjasta toi .hhh (0.3)
like, properly, like, straight out of a textbook that

320 semmonen [että,
sort of like

321 P2: [heh heh
 ha ha

322 SP: että s[ää
 that you

323 NP: [otan tunnetta vastaan. [@hmh. <harmi>.@
 I acknowledge your emotion, "hmh, what a pity"

324 SP: [-nii otat sitä vastaa ja pidät
 yeah, you acknowledge it and hold

325 kädestä öö niinku se että CH:lle tulee se että sä oot (FP)
their hand, um, like, so that CH feels that you have

326 noteerannu sen että hän on kiukku (0.8) ja: sitä kestää
acknowledged their anger, and it lasts for

327 muutaman sekunnin siinä --
a few seconds there

 ((SP describes the successful moment in more detail, NP gives a corrective advice))

391 SP: -- niinni (.) eiks tä=oo nyt se toimintatapa miten näissä
 so so, isn't this the right course of action

392 tilanteissa (1.4) tehdään.
 in these kinds of situations

393 (2.1)

394 SP: et em=mä tiä et onks tää tällönen taikuri itsekin ihmeissään
 so, I don't know is this one of these "magician surprised by their own trick"

395 tilanne, että: jos te näätte tässä hirveesti huonoo niin (.)
 -situations, that, if you see a lot of bad here, then

396 näkekää tämä. --
 you should see this

 ((41:32-42:16 technical issues, can't hear P2's voice))

SP grounds their advice in what happens on the video clip. The advice cannot be located in a single turn. It is summed up in SP's utterance "niinni (.) eiks tä=oo nyt se toimintatapa miten näissä tilanteissa (1.4) tehdään" / "so so, isn't this the right course of action in these kinds of situations", but its starting point is more ambiguous. In line 312, SP starts to describe parents' actions on the videoclip, and NP comes in in line 323 echoing SP's thoughts. An overall picture is first created of the situation, and after that, the situation is gone through in detail. The extracted part also includes NP making a passing remark which can be considered a corrective advice ("just hyvä jos saa sen siitä torumis- et mitä ei saa tehdä ni semmoseen lohduttale- (0.2) lohduttamismoodiin" / "just good if you manage to replace the scolding- that what one must not do, with a sort of consolation mode"). As

table 1 illustrates, advice promoting and advice correcting previous lines of action often come together in the data. There is, for example one sequence, where the promoting advice is offered as a concession after the corrective advice preceding it has met resistance (“että totta kai niinku et hänen tarvii saada ruokaa, jos hän ois sanonu että lisää ni ilman muuta tietenki annatte eiks nii” / “that of course like, that they need to get food, if they had expressed that “more”, then of course you give it to them, right”). Contrary to the advice illustrated in excerpt 3, this advice is displayed as conditional. The promoting advice may also precede the corrective advice and thus function as a mitigation (2/11 sequences). Regardless of the order, it seems that these two types of advice come together in the data, because they counterbalance each other. In excerpt 3, after commenting on the NP’s advice, SP brings the conversation back to the successful moment and continues describing it, whereafter the advice is summed up. Thus, they describe the parents’ own actions and offer it as a solution to the problem. By doing this, SP indicates that the parents actually have more knowledge, than what was initially being implied, regarding the matter at hand.

When producing their advice, SP uses several modal elements which create the impression that their words are not necessarily the only truth, which leaves room for discussion and other opinions besides their own. With modal elements, the speaker can express, for example, certainty, probability, or necessity of what they are saying (VISK § 1551). Before giving advice, SP produces an utterance “mä en tiä” / “I don’t know” (line 308), which makes it clear, that what they are about to say, is based on their personal opinion. This utterance is immediately followed by an invitation for NP to participate in the advice giving “siis sanos nyt NP ku” / “like, tell me NP ‘cos” (line 308) and the words “mum=miestä” / “in my opinion” (line 308). Interestingly, when the clinicians describe the successful moment, it lacks all modal elements expressing uncertainty or ambiguity (lines 314–327). SP even indirectly refers to their professional knowledge in this connection by saying “oikein niinku oppikirjasta toi” / “like straight out of a textbook that” (line 319). This implies, that the positive feedback regarding parents’ actions is not open for discussion. When summing up the advice, SP uses an interrogative clause (line 391–392), which often displays uncertainty (VISK § 1556). In this connection, it may also be interpreted as an invitation for other interactants to tell their opinion. It is not treated as such, though, since the question is followed by a silence lasting for 2.1 seconds. SP seems to interpret this as a sign of confusion, as they produce the utterance “et em=mä tiiä et onks tää tämmönen taikuri itsekin ihmeissään tilanne” / “so, I don’t know is this one of these ‘magician surprised by their ow trick’ -situations”, whereafter they refer to the negative appraisals produced by parents earlier in the conversation and imply that the video clip proves them wrong: “että: jos te näätte tässä hirveesti huonoo niin (.) näkekää tämä” / “that, if you see a lot of bad here, then you should see

this” (lines 395–396). As in excerpt 3, most of the advice-giving turns, where the given advice promotes a previous line of action, are accompanied with verbal markers of modality expressing that the matter at hand is more or less a matter of opinion. SP’s speech in particular includes a lot of these markers. They, for example, use some variant of the word combination “mun mielestä” / “in my opinion” 17 times in total, when giving advice. Two advice-giving sequences make an exception to this rule regarding the frequent use of modality markers: the one where clinician initiates advice giving by asking a question and one where the parents themselves suggest a solution and the advice is merely an expression of approval of the suggested line of action. There are two sequences where one of the clinicians explicitly refers to their professional knowledge, and in both cases, it happens in relation to an advice promoting a previous line of action. Hence, this procedure which makes the epistemic asymmetry more pronounced, is used only to consolidate and not correct. There is also one sequence where clinician argues for their opinion by referring to their own experiences with raising children, when giving advice of this sort (e.g. “itellä ainaki omista lapsista semmonen kokemus et” / “at least I have such experience with my own children”). This course of action again seems to make the epistemic asymmetry less pronounced.

The advice illustrated in excerpt 3 is followed by technical issues, and thus it is challenging to analyze its reception. However, when the technical issues are solved, P2 talks of their actions in a much more positive manner:

Excerpt 4. The reception of the advice.

397 P2: -- joo niinni (0.5) ehkä mun sillanen- (0.5) jonkillaine vahvuus on se että mää (0.6)
yeah, so so, maybe my sort of- some kind of strength is that I

398 en ala yleensä noissa tilanteissa (1.1) panikoimaan? --
usually don't start to panic in those situations

The advice is not treated as news, but neither is the reception resistant to the delivery of the advice. The turn begins with dialogue particle “joo” and the rest can be considered as a display of acceptance, since it very much echoes clinicians’ thoughts. As for the whole collection, the parents do not explicitly display resistance to these kind of advice. Considering all 11 advice-giving sequences and not just the ones including advice promoting previous lines of action, it seems that dialogue particles “joo” / “yeah, “nii” / “yeah” and “mm” are a common way to receive the advice, since the parents invariably start their response with these words. They are often accompanied with displays of either acceptance or resistance (6/11 sequences) but some of the advice-giving sequences include only minimal responses from the parents (3/11 sequences). The clinicians use these same dialogue particles

when responding to each other's advice to express their support to the advice given by the other clinician, and there are two sequences where the only verbal receipt comes from the other clinician. Both sequences include advice promoting previous lines of action.

5.1.2 Advice suggesting new lines of action

Five of the 11 advice-giving sequences include advice suggesting new lines of action, and in most of these sequences there occurs more than one advice of this sort. Thus, it seems that advice belonging to this category often come in a group. Additionally, advice suggesting new lines of action often come together with other types of advice. There is only one sequence where this type of advice occurs alone. Advice that belong to this category are more prototypical compared to the advice discussed above, which often resemble feedback. The line between advice suggesting new lines of action and advice correcting previous lines of action is, however, thin. Advice in this category are most often delivered on parent's initiative (4/5 sequences), and the problem-indicative turn most often involves either a direct or an indirect question (3/5 sequences). There is one sequence, where clinician initiates advice giving, and the advice seems to be delivered without any further preparation. This sequence is located towards the end of the meeting in a situation where one of the clinicians is writing a memo of the meeting and summing up what has been decided. Furthermore, advice belonging to this category often add to a solution suggested by the parents or a line of action that has already been implemented by them.

Excerpts 5–8 illustrate an advice-giving sequence following P2's narrative regarding a successful mealtime moment in daycare. P2 describes how CH's refusal to eat was handled in that situation according to the daycare workers and compares it to the management of similar situations at home. Thereafter, P2 reflects how the line of action described by daycare workers could be implemented in home environment. SP seems to interpret it as a problem description since their following turn includes advice giving. Excerpt 5 illustrates this problem description phase. P2's narrative is excluded from the excerpt, and thus it starts with P2's reflection.

Excerpt 5. Initiation of advice giving.

193 P2: jotenki ku sais (0.5) kotiin sen sellasen saman (0.7)
somehow, if you'd only get the same at home

194 tietyllaisen niinkun (1.0) ei nyt ehkä välinpitämättömyyden mut
this sort of like, maybe not like indifference but

195 **sillasen ettei heti niinku (1.0) reagoida siinä vaan- vaan**
a sort of, one wouldn't immediately, like, react there, but- but

196 **niinku antais CH:n sitte .hhh höy- hyväksyy se tilanne ja**
like, let CH then, accept the situation and

197 **(0.3) alkaa- et se alkais vaa sit syömää**
start- that they would just start eating then

198 P1: **mm.**
mm

199 P2: **samal ta[val ku sielläkin=ni**
the same way they do there, so

200 SP: **[nii (ja sit) (.) s-**
yeah (and then)

201 **(1.0)**

P2's turn in lines 193–197 is the one that initiates advice giving. P2 uses conditional form of the verb “saada” / “get” when referring to the successful mealtime moment in daycare: ”jotenki ku sais (0.5) kotiin sen sellasen saman” / ”somehow, if you'd only get the same at home”. Finnish conditional verb form can be used to refer to a situation that, for the time being, only exists on level of thoughts, imagination, will, or reasoning (VISK § 1592). In this context it implicates that the described situation has not yet been realized in home environment, but the parent wishes for it to happen in future. The following actions by SP confirm this interpretation, since they include offering advice to help the parents accomplish the described state of affairs at home. However, SP first produces a dialogue particle “mm” displaying validation and listening (line 198). This leads to P2 continuing their description which is interrupted by SP's turn in line 200. Overlap implies that the interactants had differing thoughts regarding the completion of P2's problem-indicative turn and also SP's response in line 198. Once the overlap occurs, it leads to both P2 and SP interrupting their talk and thereafter a silence of 1.0 seconds. Silence is broken by SP's advice-giving turn, which is illustrated in excerpt 6. Thus, in this advice-giving sequence the advice is not preceded by the clinician's information-seeking question.

Excerpt 6. The delivery of the advice.

202 SP: **nii ja kuj=just miettii et miten sen saa sellaseks luontevaks**
yeah, and just pondering on how to make it sort of natural

203 **että totta kai teil on kotona ne ihmiset jotka on ja (.)**
that, of course, at home you have the people that you have and

204 **hoidossa on eri tavoin. <mutta että .hhh onk=se sitte**
at daycare it's different, but like, could it be then

205 **joku semmonen- just se semmonen että ootte .hhh pöydän ääressä**
some kind of a, a situation where you would be at the table

206 **ja: teil on itellä ehkä jotain vähän suuhunpantavaa ja .hhh**
and you yourselves would perhaps have something to eat and

207 **tyyliin juttelette it- keskenänne muuta vähän ja se tilanne**
let's say, you are talking with each other casually, and the situation

208 **semmonen okei lautanen on vähän kauempana ja ollaav=vaa- ollaan**
the kind of, "okay, the plate is a little further and here we are

209 **tässä yhdessä ja tälleen näin ja .hhh et jos siihej=jäis se**
here together" and so forth and- that if there would be the

210 **vara että hän sitten .hhh niinku tosiaan että- että (.) ehkä**
chance for them to- like, really, that- that maybe

211 **ottaa myöhemmin uudestaan tai ei sillä kerralla ota.**
they take again later or then they don't that time

SP's advice adds to a solution already suggested by P2, instead of suggesting something completely new. SP starts their advice-giving turn with an indirect question pondering how to implement the desired course of action in home environment: "nii ja kuj=just miettii et miten sen saa sellaseks luontevaks" / "yeah, and just pondering on how to make it sort of natural" (line 202). By this they imply that the solution to the problem is not obvious or explicit, which leaves room for discussion and validates P2's problem-indicative turn which was construed as an indirect request for advice. SP continues validating the problem by noting that the people in daycare and at home are not the same, implying that it may not be an easy task to conduct the same actions and to get the same results in a different environment. All this is done to prepare the actual advice which starts with words "mutta että .hhh onk=se sitte joku semmonen-" / but like, could it be then some kind of a". The use of interrogative clause underlines that the action performed is a suggestion and not a strict command. It invites other interactants to tell their opinion about the suggestion. The indefinite pronoun "joku" / "some" implies that the entity it refers to is one of many alternatives (VISK § 746). Thus, it underlines that there are many ways of handling the situation, and the advice displays only one of them. This makes the advice less restrictive. As excerpt 6 illustrates, advice suggesting new lines of action often involve modal markers that make the advice less absolute. There is, however, a slight difference between clinicians in how they use modal markers in their advice-giving turns. Both SP and NP utilize them to mitigate their advice and the asymmetry related to it, but SP more often uses elements underlining that the advice is based on their subjective opinion (e.g. "niin ku mä jotenkis sitä ajatteli että-" / "yeah, 'cos I sort of was thinking that-") while NP uses more elements expressing freedom of choice (e.g. "tota vois kokeilla tota" / "you could try out on that").

Advice suggesting new lines of action meet resistance in two of the five sequences and the advice-giving sequence under inspection is one of these. P1's response to the SP's advice displays resistance to the suggested course of action by pointing out its problematic nature. This is illustrated in excerpt 7.

Excerpt 7. Resistant reception of the advice.

- 212 P1: .hhh nii, se CH vaan monesti ni hän- (.) hän on siinä
yeah, it's just that often CH, that they- they at that
- 213 vaiheessa nii hän- hänellä ne: tunteet ööm räjähtää siinä niin
point, so they- their feelings, um, explode there so
- 214 voimakkaasti ni (.) sillon ku hän- .hhh hän jotenki suuttuu
heavily, so, when they- they somehow get angry
- 215 että ai tämmöstäkö ruokaa on ja törkkää pois ja sit hän niinku
that "so this is what you're serving me" and push it away, and then they, like
- 216 alkaa- hän on tosi voimakkaassa heti semmosessa
start to- they're immediately in a very strong sort of
- 217 tunnemyllerryksessä siinä ni .hhh siinä on jotenki .hhh ääm
emotional turbulence there, so, it's quite hard to somehow, um
- 218 (1.1) mä en tiedä si- välillä se=on ö- hhh siin on hankala-
I don't know, th- sometimes it's, it's hard to-
- 219 ehkä se vaikuttaa myös itteensä et sit ittelle tulee
maybe it affects oneself too, that you start
- 220 jotenki semmonen .hhh [hankala olo siinä
feeling somehow uncomfortable, uncomfortable there
- 221 NP: [mm (.) ne siirtyy
mm, they transfer
- 222 P1: ni ei pysty olla sillee vaa että @no tässä nyt syödää@ ja ollaa
so you can't just be like "well here we are and just eating"
- 223 ja toinen reu- räyhää siinä menemää, .hhh mul on tossa yks
and they're there raging on, I have here one
- 224 video voidaan kattoo että millanen semmonen tilanne on ni
video clip, we can see how those situations are, so
- 225 .hhh niin [tota
so, um
- 226 P2: [joo.
yeah
- 227 P1: e- se- <ne=on meille sit kauhee hankalia että miten siinä sitte
it- we find those really hard, that how are you supposed to then
- 228 ois jotenki luontevasti tai miten siitä niinku päästään
behave somehow naturally, or how can you move
- 229 eteenpäin ku se tulee nii voimakas (.) reaktio hänel[tä
on, cos it's so strong, their reaction
- 230 NP: [nii.=
yeah

231 P1: =heti siinä alussa?
right there in the beginning

232 SP: nii ja [hänen isot tunteet]
yeah, and their strong emotions

233 NP: [et yhtä aikaa olla-] olla ikään ku huomaamatta mutta
that at the same time be as if you're not noticing but

234 ottaa sitte .hhh vastaan että (0.2) nyt suututtaa
then also to acknowledge that now they're angry

235 P1: nii=
yeah

P1 starts their turn with words “nii, se CH vaan monesti ni hän-“ / “yeah, it’s just that often CH, that they-“ (line 212) and continues with a new problem description which indicates that the advice is difficult to adopt in their situation. In lines 222–223 P1 refers to the advice by saying “ni ei pysty olla sillee vaa että @no tässä nyt syödää@ ja ollaa ja toinen reu- räyhää siinä menemään” / “so you can’t just be like ‘well here we are and just eating’ and they’re there raging on” which depicts implementation of the suggested course of action as nearly impossible. P1’s problem description is occasionally interrupted by P2’s and NP’s minimal responses and other short replies expressing listening, agreement, and validation. It is also accompanied with an indirect question in lines 227–229. NP first replies to the problem description by validating the problem and restating it, whereafter SP gives new advice. The new advice and its reception are illustrated in excerpt 8.

Excerpt 8. New advice and its reception.

236 SP: =nii ja että mitä sä NP sanot tällönnen tunnesäätely (.)
yeah, and what do you say NP, this sort of emotion regulation

237 tällönnen ku hän o pieni lapsi opettelee että- (0.7) että mietin
this, as there’s a little child learning how to- so I’m thinking

238 vaa just sitä että- että hänel on hirvee tunnetila ja tietenki
just that- that they have this awful emotional state, and of course

239 se että kyllähän se nyt itteenki vaikuttaa mutta sillain että
that it absolutely affects oneself too, but like that

240 .hhh niinku ajatellen et teiän homma on tietyllä tavalla niinku
like, given that it’s your task to sort of like

241 laskettaa sitä tunnetilaa eiks nii vai puhuks mä ny NP ihan
ease their emotional state, right, or am I now talking, NP, all

242 puuta [heinää]
nonsense

243 NP: [heh heh] et, kyllä s(h)ä taijat puhuu i(h)ha- iha
ha ha, no, I think you’re talking quite

244 oik(h)eita asioita .hhh
right

245 SP: nii.=
 yeah

246 NP: =älä .hhh n- nii (0.2) jo[o
 don't, m- mm, yeah

247 SP: [nii.
 yeah

248 NP: nii, se=on- ö mutta siin o just omat vanhemmat, se on niin
 yeah, it's, um, but there you have your parents, it's so

249 helppoo niille hoitajille. .hhh ku se ei oo heidän
 easy to those daycare workers, cos it's not their own

250 li[haa ja verta se .hhh LAPSI
 flesh and blood, the child

251 SP: [nii ei se mee heillä tunteisiin sillä tavalla, nii=
 yeah, it doesn't affect them the same way, so

252 NP: ni he pystyy säätelemään mut ku se on vanhemman niinku tarve
 so they can regulate, but it's a sort of a parental, like, need

253 myös ja ihan biologiaa et sä otat ne tunteet vastaan niinku nap
 as well, and it's all biology that you take those emotions in a snap

254 sä=oot kans siinä vihass(h)a? tai tai siinä tuskassa mikä se
 and you're in that same anger or agony or what ever

255 sit sattuu olemaan .hhh niin siin on vaikee sillain e- et tota
 it happens to be, so it's hard to be like, um

256 (1.5) rauho- rauhotella .hhh just sillain että no (0.3) tai
 ca- calm her down, just so that, well, or

257 napata sen lautasen kiinni että- (0.2) että tota @ops@ ei onneks
 grip the plate so that, that um, "oops, luckily it didn't

258 tippunu ja laitetaa sivuu ja .hhh ja näin että .hhh ja sitte
 fall and let's put it aside" and so forth, and then

259 tietysti se että pysyykö CH ihan siinä (.) tuolissa et
 of course, the question that, does CH stay in the chair, that

260 onk=se jo nii voimakasta riuhtomista ja suuttumista et tarvii
 is it so strong, the anger and the struggling, that you need to

261 nostaa s:iitä syöttötuolist pois
 lift them off of the high chair

262 P1: joo. ka- mä näytän: tomosen videon (0.2) semmosest tilanteesta
 yeah, I'll show a video clip of a situation like that

263 ni hhh näät vähän paremmin. [ehkä
 so you can see a little better, maybe

264 NP: [joo.
 yeah

SP's advice-giving turn in lines 236–242 treats P1's problem description and the indirect question following it as a request for advice. SP's advice-giving turn starts and ends with them explicitly inviting NP to participate by asking them questions and calling them by name (e.g. "nii ja että mitä sä NP sanot" / "yeah, and what do you say NP"). This implies that the advice relates to an area that

calls for NP's expertise (emotion regulation). Consequently, this second advice is built strongly in collaboration between the clinicians. SP's advice in lines 240–241 is quite strict and straightforward, but it is softened in NP's following turns: “mutta siin on just omat vanhemmat, se on niin helppoo niille hoitajille” / “but there you have your parents, it's so easy to those daycare workers” (lines 248–249). In line 258–259 NP gives the floor back to the parents by asking them an information-seeking question regarding the typical intensity of CH's reaction. P1 suggests watching another video clip as an answer to NP's question. There are two sequences in the whole collection, where the parents' response displays resistance to the advice, and in both sequences it follows an advice suggesting a new line of action. In both cases, resistant reception leads to the clinician continuing advice giving. In the other three sequences, advice suggesting new line of action is followed by only a minimal response from the parent (“joo”, “mm”).

5.1.3 Advice correcting previous lines of action

Advice correcting previous lines of action occur in 7 of the 11 advice-giving sequences, but as mentioned above, the line between these advice and the advice suggesting new lines of action is thin and in some cases ambiguous. Corrective advice often group together with positive feedback or advice promoting previous lines of action. This means that while correcting parents' actions, the clinicians tend to point out something successful as well. Corrective advice do not occur at the very beginning of the meeting. They are always parent-initiated, and the problem-indicative turn often involves a direct or an indirect question. Most of the advice belonging to this category can be interpreted as reassurance and are related to the parents' worry concerning their child's food consumption and its sufficiency. The following excerpts display one such advice. In addition to these reassuring advice, the data also contains advice offering more practical corrections (e.g. “voiha se tietysti olla vähä pienempi- pienempi pala” / “it could, of course, be a somewhat smaller- smaller piece”).

The advice-giving sequence illustrated in excerpts 9–12 takes place towards the end of the meeting, after the participants have already stated that they need to start closing the meeting. P2 is no longer present, but the other three interactants are taking part in the conversation. P1 has shared their screen displaying a list of successes and challenges regarding CH's eating. It is the list – an item in it to be precise – that initiates advice giving. Since the list is written by the parents, the advice giving can be

considered parent-initiated although it is one of the clinicians who starts the discussion. In excerpt 9, SP builds the relevance of their advice by referring to the list.

Excerpt 9. Initiation of advice giving.

730 SP: =ja: kattelen tossa tota viimestä kohtaa että- että tosiaan
and I'm looking at that last item, that- that really

731 just tää että joku päivä joku menee hyvin ja sit seuraavana
this thing that one day something goes well and then the other

732 päivänä se sama ei mekkään .hhh
day it does not

733 nii=nii täähän on just tämmöstä niinku tietyllä tapaa hälle
so so, this is really, like, in a way it gives them

734 tilaa olla eri mieltä
space to disagree

735 (0.7)

736 SP: niinku se että se nyt vaan on näin että tänään oli
like, the thing that, this is just how it is, that today was

737 tää päivä et ei.
a day that "no"

738 (1.0)

739 P1: mm.=
mm

The excerpt starts with SP referring to a challenge mentioned on the list, and by doing this, they make the advice giving relevant. The only advice preceded by a direct request for advice in the data (2/11 sequences) are located towards the end of the meeting, which indicates that the participants orient to the running out of time by being more straightforward in their communication. Earlier in the conversation, when stating that the meeting is coming to a close, P1 has expressed that they still had questions on their mind that they wanted to discuss. By picking out an item from the list and bringing it to the discussion, SP acknowledges the parent's wish to get answers to their questions. Before delivering the advice, SP offers an interpretation of the problem in lines 733–734: “nii=nii täähän on just tämmöstä niinku tietyllä tapaa hälle tilaa olla eri mieltä” / “so so, this is really, like, in a way it gives them space to disagree”. The demonstrative pronoun “tää” / “this”, which refers to the problem, is accompanied with an enclitic particle “-hAn”. When used in a declarative sentence, this particle indicates that the allegation, that the sentence makes, is something known and self-evident (VISK § 830). Furthermore, SP prepares the advice by arguing for it beforehand. For example, in lines 744–745 SP refers to the daycare worker's view of the matter: “kuitenkin niinku hoitajaltaki tulee viestiä et se- hän syö siellä” / “even, like, the daycare worker communicates that it- they eat there”. Corrective advice are not immediately preceded by a question-answer sequence in the data, but

instead, the clinicians often start arguing for their advice or explaining it before actually delivering it, which may imply that answering the parents' problem-indicative turn with a corrective advice is unpreferred in this interactional context.

Excerpt 10. The delivery of the advice.

- 740 SP: =että- että jollain muotoo taas niinku koko ajan sitä
that- that somehow again, like, all the time that
- 741 semmosta että ei si- et hän näytti et hän ei ni ei sitten että
that sort of "alright, they expressed no, so it's a no then", that
- 742 se semmonen ehkä, jotenki mä ajattelisin tässä ettäh- (0.3) että
the sort of, maybe, in a way I think here that- that
- 743 tota: (0.3) se ruuam määrä (0.4) mun silmään kuultuna et jos
um, the amount of food, in my impression that if
- 744 kuitenkin niinku hoitajaltaki tulee viestiä et
even, like, the daycare worker communicates that
- 745 se- hän syö siellä että te mietitte et onk=se paljon vai vähän
it- they eat there, that you're pondering is it much or little
- 746 niinku teiän standardin mukaan mutta että .hhh että
like, according to your standards, but that- that
- 747 hoidon näkökul- hoitajan näkökulmasta hän syö siellä ja
from the daycare's point- daycare worker's point of view they eat there and
- 748 hän syö hyvän aamupalan ja näin että- .hhh että siitä irti
they eat a good breakfast and so on, that- that letting go of the
- 749 siitä .hhh ruuam=määrän tai si- siitä huolesta ni
the worrying about their food portions or that, so
- 750 voi[s yrittää [päästää vähän?
you could try to let go of it a little
- 751 P1: [joo (0.3) [joo
yeah, yeah
- 752 NP: joo.
yeah
- 753 (0.6)

The advice is introduced for the first time in lines 740–741: “että- että jollain muotoo taas niinku koko ajan sitä semmosta että ei si- et hän näytti et hän ei ni ei sitten” / ”that- that somehow again, like, all the time that that sort of ‘alright, they expressed no, so it’s a no then’”, but here the advice is left rather implicit. These words are followed by SP arguing for the advice by referring to their own and the daycare’s view and displaying them as a contrast to the parents’ worry. In lines 748–750 the advice is delivered more directly: ”että siitä irti siitä .hhh ruuam=määrän tai si- siitä huolesta ni vois yrittää päästää vähän” / “that- that letting go of the the worrying about their food portions or that, so you could try to let go of it a little”. Instead of using just the verb “päästää” / “let go”, SP uses a three-part verb phrase, which softens the advice (line 750). It starts with the verb “voida” / “can”, which

expresses possibility instead of necessity (VISK § 1551). Next comes the verb “yrittää” / “try”, which shows consideration of the difficulty of controlling one’s worrying. The last words in SP’s advice-giving turn overlap with P1’s minimal response “joo (0.3) joo” / “yeah, yeah”, which is echoed by NP. After this, comes a pause whereafter SP and P1 start their turns almost simultaneously.

Excerpt 11. Arguing for the advice.

- 754 P1: joo must tuntuu että
yeah, I feel like
- 755 SP: [ja just niinku sitä vahvistaan sitä [CH:n omaa
and really like, strengthening the CH’s own
- 756 P1: [°joo°
yeah
- 757 (0.3)
- 758 SP: säätelyä siinä ni [sehän on
regulation in that, so that’s really
- 759 P1: [joo
yeah
- 760 SP: kuitenkin niinku oppimisenki kannalta hyvä asia et hän
anyway, like, a good thing for their learning as well that they
- 761 tietää et jos hän sanoo et hän ei ota ruokaa ni h(h)än ei
know that if they say they won’t take food, then they won’t
- 762 sillon siis .hhh nii et sillon hänen ei tarvii syödä eikä hän
then, so like, then they don’t have to eat and neither do they
- 763 myöskään saa ruokaa jos hän on itte juuri ilmassu et ei.
get served food, if they themselves have just expressed that “no”
- 764 (0.8)
- 765 P1: joo (0.3) joo
yeah, yeah
- 766 (0.5)
- 767 SP: jo:ka taas vahvistaa sitä et- et hän ymmärtää et se mil- mitä
which again reinforces that- that they understand that what
- 768 hän ilmasee sil ov välii ja se vaikuttaa siihen mitä tapahtuu
they express, matters, and it affects that what happens
- 769 joka on taas semmonen niinkun säätelyä lisäävä ja,
which, again, is a sort of self-regulation increasing thing and
- 770 (0.7)
- 771 P1: joo=
yeah
- 772 SP: =ja (0.2) toisaalta niinku kommunikaatioo lisäävä.
and on the other hand, communication increasing thing
- 773 (0.6)

P1 orients to the listener’s role by cutting short what they were saying and producing a minimal response “joo” / “yeah”, which leads to SP continuing their talk. This may also result from the parent

orienting to the running out of time. The following utterances by SP add to the advice and present further arguments for it. Advice correcting previous lines of action are often accompanied with modal markers expressing uncertainty or freedom of choice, such as “varmaan” / “probably”, “ehkä” / “maybe” and “voida” / “can”. In addition to these, SP uses modal markers expressing opinion-base when producing corrective advice in two advice-giving sequences (e.g. “mä aattelin” / “I would think”). Furthermore, not once do the clinicians use negative forms, such as negative imperative, to correct the parents’ actions. Instead, the suggested correction is expressed rather indirectly (e.g. ”että ootteks=te vaikka molemmat siinä pöydässä istumassa” / “that would you, say, both be there sitting at the table”). This further confirms the impression that giving corrective advice is unpreferred in this interactional context.

The reception of the advice in the advice-giving sequence under inspection is, however, explicitly approving, as appears in excerpt 12:

Excerpt 12. The reception of the advice.

774 P1: joo. (1.0) joo (.) toi varmasti auttaa niinku meitäh toi
yeah, yeah, that certainly, like, helps us, that

775 ajatus että kyllä hän saa tarpeeks ja hän- (0.3) on sitä omaa
idea that they surely get enough, and they- there's this own

776 säätelykykyä jo ton asian suhteen, <ja sit ne päivähän voi
capacity for self-regulation already on that matter, and then the days can

777 olla erilaisia että joku [päivä
differ, that some day

778 NP: [mm.
mm

779 P1: on isompi nälkä ja joku päivä (0.6) vähemmän (0.2) nälkä
they're hungrier and some other day not that hungry

780 että (.) että (.) sei oo niin (0.2) vakavaa tavallaa että joku
that- that it's not so serious in a way that some

781 päivä me[nee nii,
day goes that way

782 NP: [joo.
yeah

P1’s turn begins with dialogue particle “joo” / “yeah”, which is followed by P1 saying that they consider the advice helpful (lines 774–775). Thereafter, P1 repeats the advice with their own words. This is the only case, where the parent’s turn following clinician’s advice involves an explicit display of acceptance and not once do the parents display resistance to this kind of advice. Minimal response “joo” / “yeah” is the most common receipt to an advice correcting previous lines of action and sometimes the conversation continues without any verbal receipt from the parents.

6 DISCUSSION

By means of CA, this thesis examined advice giving in a parental feeding guidance meeting. It aimed to investigate the content of the advice, the initiation of advice giving, the formulation of the advice and the reception of it. The advice were first divided into three categories on account of their content, which varied in relation to the parents' previous lines of action: 1) advice promoting previous lines of action, 2) advice suggesting new lines of action, and 3) advice correcting previous lines of action. Thereafter, the different types of advice were analyzed in respect of their situational context, formulation and reception.

The results showed that advice giving was most often initiated by the parent. When a clinician initiated advice-giving, it was either conducted through asking a question which displayed a possible problem, or the advice was delivered in a context where the advice giving was inherently relevant (writing a memo and summing up what was decided). Different types of advice often came together in the data, especially advice promoting and advice correcting previous lines of action. When delivering the advice, clinicians used several ways to mitigate their advice and the asymmetry related to it. For example, advice were often accompanied with modal markers making the advice less absolute (e.g. "mun mielestä" / "in my opinion" and "voida" / "can"). As for the reception, it was rarely explicitly resistant. The parents used dialogue particles "joo" / "yeah", "nii" / "yeah" and "mm" when responding to the advice and in some of the sequences they were the only verbal receipt from the parents. Clinicians tended to use these same particles when responding to each other's advice, and there were sequences where the only verbal receipt came from the other clinician.

6.1 Examining the results

Besides being based on the subjective world of experience of the client, guidance often aims to change it in some way (Vehviläinen, 2014, 111), and advice giving serves this purpose. In this study, nearly half of the meeting's total duration was spent on advice giving, and hence it may well be considered an essential part of the guiding process. The first research question addressed the content of the advice. It was most often related to the parents' previous lines of action – in most cases with the intention of promoting them. Hence, the clinicians participated the problem-solving process by pointing out the parents' successes, and by doing this, supported their agency while giving advice.

Corrective advice, which can be considered most problematic as for the client's agency, were often accompanied with promotive advice as if to counterbalance them.

Second, this study investigated the initiation of advice giving. The fact that advice giving was most often parent-initiated, implies that clinicians were not the only ones who oriented to performing this action. Sometimes the parent's problem-indicative turn even involved a direct or an indirect question that made the advice seeking explicit, even though earlier studies have demonstrated that direct requests for advice are infrequent in guidance interaction (Ekberg et al., 2019; Heritage & Sefi, 1992; Vehviläinen, 2009). Furthermore, most of the parents' questions were designed open-ended which is still more infrequent according to the earlier studies, since it makes the asker's lack of knowledge more pronounced compared to the binary ones (Ekberg et al., 2020; Heritage & Sefi, 1992). All this creates the impression, that the parents felt safe to bring their ponderings and even insecurities to the discussion. The problem-indicative turns often dealt with parents' worries (e.g. food consumption), and this notion is in line with Ekberg and colleagues' (2020) study concerning parents' questions, which indicated that questions displaying parental concern were the most common.

Clinicians initiated advice giving only in three of the 11 advice-giving sequences, and in two of these it was conducted through asking an information-seeking question. In both cases, the parent's answer displayed a problem and the advice promoted a previous line of action. Advice correcting previous lines of action, instead, were delivered only on parents' initiative. As mentioned above, they can be considered most problematic as for the client's agency, and probably for that reason, they were offered only in situations, where the parents themselves requested for advice. Furthermore, when initiating advice-giving, clinicians always referred to something that the parents had brought up earlier in the conversation. According to Vehviläinen (2001), giving advice without a request for it is common in many institutional settings where advice giving is expected. In some parent-professional interactions, professional-initiated advice have shown to be more frequent than parent-initiated ones and they may even be delivered without any further preparation (Heritage & Sefi, 1992). Results from this study are quite contrary. The only sequence, where advice was delivered on clinician's initiative and without preparing it with an information-seeking question, was produced while writing a memo and summing up what was decided, which explains the lack of preparation. Even parent-initiated advice were sometimes preceded by an information-seeking question, but in these cases, the function of the question was different – instead of building the relevance for advice giving, it ensured having enough information before delivering the advice. Furthermore, questions were not the only used way to prepare for the advice in the data. Advice correcting previous lines of action were often preceded

by clinician's arguments or explanations for the advice. This may imply that answering parents' concerns with a corrective advice was held unpreferred in this interactional context, since it has been noted, that unpreferred responses are more often delayed, meandering and accompanied by excuses (Tainio, 1997, p. 94). It is also known that those second pair parts that forward the action displayed in the first pair part are more often preferred (Schegloff, 2007), which also supports this interpretation.

The formulation of the advice was also examined. Giving and requesting for advice creates asymmetry between the interactants (Heritage & Sefi, 1992, pp. 367–368). This asymmetry is related to mostly epistemic but also deontic authority. The interactants conduct their positionings moment-by-moment through, for example, turn design (Heritage, 2013, p. 377). In this study it was noted that clinicians used several ways to mitigate their advice and the epistemic and deontic asymmetry related to it. Advice-giving turns often involved modal markers expressing opinion-base, uncertainty, or freedom of choice. The use of these markers made the advice proposal-like, which implies a rather symmetric relationship between the interactants (Stevanovic & Peräkylä, 2012). It also made the epistemic asymmetry less pronounced and left room for discussion. Sometimes the clinicians even explicitly invited other interactants to tell their opinion on their suggestion by, for example, using interrogative form or a question tag. While doing so, the clinician sometimes explicitly selected the other clinician to be the next speaker by calling them by name. Not once did the clinicians use imperative forms when giving advice, but the advice giving seemed to become somewhat more straightforward towards the end of the meeting. These notions are in line with Cheatham and Ostrosky's (2011) study concerning parent–teacher interactions.

Last, this thesis investigated the reception of the advice. Some studies have suggested that the preparation of the advice or the lack of it affects how the advice is received (Heritage & Sefi, 1992, p. 410; Smoliak et al., 2020). In this study, no such relation was detected. There were two sequences which involved parent explicitly displaying resistance to the advice, and in both cases, the advice giving was parent-initiated. Clinician-initiated advice, even the one delivered without preparation, did not meet resistance. Dialogue particles “joo” and “nii”, which both can be translated “yeah”, were the most common way to receive advice, and there were sequences where they were the only verbal receipt from the parents. However, in most of the sequences, they were accompanied with displays of either acceptance or resistance – mostly acceptance. Heritage and Sefi (1992) considered the reception to some extent resistant in case it does not treat the advice as news. For example, “yeah” was classified as an unmarked acknowledgement and was thus held indicative of resistance. This study suggests, however, that the Finnish particles “joo” and “nii” are not solely resistant to the

delivery of the advice, as both can be accompanied with both displays of acceptance and resistance. Thus, the particle alone does not seem to be indicative of the parents' stance towards the advice. There were also sequences where the only verbal receipt came from the other clinician. In their study concerning parent–professional interaction, Lewis and Miller (2011) noted that the parent's narratives were often followed by the professional offering their opinion in a way that did not invite a reply from the parent. It may be, that something similar caused the parents' silence in the conversation analyzed in this study. However, it may also have resulted from the fact, that this was a multi-party conversation and the parents did not feel the need to respond in case they agreed with the other clinician's response.

Advice giving can be deemed problematic as for the advice recipient's agency. Vehviläinen (2014, p. 165) points out, however, that the whole context of advice giving should be taken into consideration when evaluating its problematic nature. This means, for example, examining the situational context of advice giving, the formulation of the advice, and the reception of it, as was being conducted in this study. The results suggest that the clinicians aimed at supporting the parents' agency while giving advice and that the parents did not perceive advice giving as especially problematic, since in most cases, they were the ones who initiated it. Advice were delivered in a way that promoted co-creation of meanings and thus collaborative practice – both parent–professional and interprofessional (Smoliak et al., 2022).

6.2 Methodological considerations

Employing CA as a research method enabled examining natural interaction between the parents and the clinicians in a highly detailed manner and thus shedding light to the process of guiding parents. To ensure quality and repeatability of this study, the whole research process was reported thoroughly and transparently in the method section and it followed conversation analytic conventions, as Vatanen (2016) describes them.

The backgrounds of the participants and the context of guidance may have influenced the results, since the clinicians in this study were also researchers in their own fields and the guidance was offered for research purposes and partially under laboratory conditions. Therefore, it may be that the clinicians' awareness of their guiding practices was higher than average. The setting of the telepractice sessions, however, may have been somewhat more natural compared to the face-to-face

meetings since they did not take place in the laboratory and no external camera was used while recording them. The latter had an impact on the quality of the recordings though, and sometimes the technical issues affected the interaction as well. Problems with the meeting audio caused interruptions to the conversation, and in some places, they made it difficult to analyze the reception of the advice. Furthermore, due to the camera angle, the parents' faces did not always show on the screen, which in part influenced on the decision to focus mainly on verbal communication in the transcripts. The analysis of the nonverbal elements of the interaction (e.g. facial expressions and gestures) might have revealed something that was left undetected in this study. The analysis was mainly conducted by one person which is an apparent limitation when conducting this sort of qualitative research. Using VISK when analyzing the formulation of the advice, was one way to increase objectivity of the analysis.

Detailed analysis can be considered one of the main strengths of CA, but the flip side of it is the problem of generalizability, since sample sizes are often small (Lindholm et al., 2016, p. 26). This applies to this study as well. The data consisted of one guidance meeting from one family. Thus, the results cannot be directly generalized to all parental feeding guidance. The clinicians do not necessarily interact in a same way with all families, and as noted in this study, there are differences between the clinicians as well. Also, the interactional practices may change during the guidance process. It has been noted, for example, that in speech and language therapy, the role of the client gradually changes from a novice to more of an expert, which comes apparent in the interactional practices (Sellman & Tykkyläinen, 2017, pp. 197–198). Ronkainen and colleagues (2018) have studied parent–SLT interaction in particular, and they noted a gradual change in dynamics: the parent's role became more and more active in time. Therefore, the interactional practices at the beginning of the guidance process and towards the end of it may differ.

6.3 Clinical implications and future research

Several studies point out that even though the importance of collaborating with parents has been recognized, there is still lack of knowledge regarding its implementation (Aponte et al., 2019; Hodges ym., 2022;. Klatte et al., 2020; Smoliak et al., 2022). This study aimed to address this research gap. Despite the small data and the problem of generalizability resulting from it, it can offer valuable information for the clinicians who work with families. Klatte and colleagues (2020) note that making the process of collaborative practice explicit is required to make it available for debating and testing. This thesis can serve to open the discussion regarding this matter, and it can help the professionals

reflect on their interactional practices, especially when working with parents but also on a more general level. Observing the interactional practices of the clinicians can also make silent knowledge apparent which can be of great value to students who are about to qualify for professions that involve working with families. The study can shed light on the different advice-giving strategies and their reception, and thus it can give ideas on how to use these strategies to aid parents.

This study focused on advice giving, but parent–professional interaction is much more than just that. Earlier studies have covered topics such as advice-giving in other types of parent–professional interactions (Cheatham & Ostrosky, 2011; Heritage & Sefi, 1992), leadership and dominance (Lewis & Miller, 2011), involvement of parents (Ekberg et al., 2018; Ronkainen et al., 2018), parents’ questions (Ekberg et al., 2020) and seeing success as a socially situated activity (Pilnick & James, 2013). Referring to Vehviläinen’s (2014) classification of guidance orientations, it seems that the supportive orientation is less covered. This may result from the fact that it is less often practiced in parent–professional interactions, but not necessarily. The prevalence of different guidance orientations might be worth studying. Furthermore, since earlier studies imply that the dynamics change as the guidance progresses (Ronkainen et al., 2018), it might be interesting to investigate the whole guidance process instead of just one meeting. The results from this study also suggest that the interactional practices may vary among the clinicians, but it remains unclear whether the variation is more related to the profession or the professional. This might deserve a closer look as well. Apart from observing the professional practices, it would be important to study the parents’ expectations and experiences regarding parental guidance. According to this study it seemed that both the parents and the clinicians oriented to advice giving once it occurred, but there may be expectations that are not displayed. Finally, the extradiscursive influences and the effectiveness of different interactional practices fall outside the scope of this study. To strengthen the evidence base for interaction-based clinical interventions, more research is needed on this matter.

REFERENCES

- Aponte, C. A., Brown, K. A., Turner, K., Smith, T., & Johnson, C. (2019). Parent training for feeding problems in children with autism spectrum disorder: A review of the literature. *Children's Health Care*, 48(2) (pp. 191–214). <https://doi.org/10.1080/02739615.2018.1510329>
- Arvedson, J. C., Brodsky, L., & Lefton-Greif, M. A. (2020). *Pediatric swallowing and feeding: assessment and management* (Third edition.). Plural Publishing, Inc.
- American Speech-Language-Hearing Association (2023). *Telepractice*. (Practice Portal). Retrieved 21.9.2023 from www.asha.org/Practice-Portal/Professional-Issues/Telepractice/.
- AVIGuk (2023). What is VIG? Retrieved 21.9.2023 from <https://www.videointeractionguidance.net/what-is-vig>
- Bearss, K., Burrell, T. L., Stewart, L., & Scahill, L. (2015). Parent training in autism spectrum disorder: What's in a name? *Clinical Child and Family Psychology Review*, 18(2) (pp. 170–182). <https://doi.org/10.1007/s10567-015-0179-5>
- Belanger, R., Leroux, D., & Lefebvre, P. (2021). Supporting caregivers of children born prematurely in the development of language: A scoping review. *Paediatrics & Child Health*, 26(1), e17–e24. <https://doi.org/10.1093/pch/pxz124>
- Brennan, D. M., Tindall, L., Theodoros, D., Brown, J., Campbell, M., Christiana, D., Smith, D., Cason, J., & Lee, A. (2011). A blueprint for telerehabilitation guidelines—October 2010. *Telemedicine Journal and e-Health*, 17(8) (pp. 662–665). <https://doi.org/10.1089/tmj.2011.0036>
- Butler, C. W., Potter, J., Danby, S., Emmison, M., & Hepburn, A. (2010). Advice-implicative interrogatives: Building “client-centered” support in a children’s helpline. *Social Psychology Quarterly*, 73(3) (pp. 265–287). <https://doi.org/10.1177/0190272510379838>
- Cable, A. L., & Domsch, C. (2011). Systematic review of the literature on the treatment of children with late language emergence. *International Journal of Language & Communication Disorders*, 46(2) (pp. 138–154). <https://doi.org/10.3109/13682822.2010.487883>
- Cheatham, G. A., & Ostrosky, M. M. (2011). Whose expertise: An analysis of advice giving in early childhood parent-teacher conferences. *Journal of Research in Childhood Education*, 25(1) (pp. 24–44). <https://doi.org/10.1080/02568543.2011.533116>
- Davies, K. E., Marshall, J., Brown, L. J. E., & Goldbart, J. (2019). SLTs’ conceptions about their own and parents’ roles during intervention with preschool children. *International Journal of Language & Communication Disorders*, 54(4) (pp. 596–605). <https://doi.org/10.1111/1460-6984.12462>
- Diaz, J., & Cosby, J. (2018). A systematic review of caregiver-implemented mealtime interventions for children with autism spectrum disorder. *OTJR* (Thorofare, N.J.), 38(3) (pp. 196–207). <https://doi.org/10.1177/1539449218765459>

- Dodsworth, E., Kelly, C., & Bond, C. (2021). Video interaction guidance with families: A systematic review of the research. *Educational and Child Psychology*, 38(3) (pp. 48–61). <https://doi.org/10.53841/bpsecp.2021.38.3.48>
- Ekberg, K., Meyer, C., Hickson, L., & Scarinci, N. (2020). Parents' questions to clinicians within paediatric hearing habilitation appointments for children with hearing impairment. *Patient Education and Counseling*, 103(3) (pp. 491–499). <https://doi.org/10.1016/j.pec.2019.09.015>
- Ekberg, K., Scarinci, N., Hickson, L., & Meyer, C. (2018). Parent-directed commentaries during children's hearing habilitation appointments: a practice in family-centred care. *International Journal of Language & Communication Disorders*, 53(5) (pp. 929–946). <https://doi.org/10.1111/1460-6984.12403>
- Gajarawala, S. N., & Pelkowski, J. N. (2021). Telehealth benefits and barriers. *Journal for Nurse Practitioners*, 17(2) (pp. 218–221). <https://doi.org/10.1016/j.nurpra.2020.09.013>
- Gaze@Toddler (2023). In English. Retrieved 30.10.2023 from <https://research.tuni.fi/autismgaze/in-english/>.
- Hakulinen, Auli (1997a). Johdanto. In L. Tainio (Ed.), *Keskustelunanalyysin perusteet* (pp. 13–17). Tampere: Vastapaino.
- Hakulinen, Auli (1997b). Vuorottelujäsennys. In L. Tainio (Ed.), *Keskustelunanalyysin perusteet* (pp. 32–55). Tampere: Vastapaino.
- Hepburn, A. & Bolden, P. (2013). The conversation analytic approach to transcription. In J. Sidnell & T. Stivers (Eds.), *The handbook of conversation analysis* (pp. 57–76). Wiley-Blackwell.
- Heritage, J. (2013). Epistemics of conversation. In J. Sidnell & T. Stivers (Eds.), *The handbook of conversation analysis* (pp. 370–394). Wiley-Blackwell.
- Heritage, J. & Sefi, S. (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between Health Visitors and first-time mothers. In P. Drew & J. Heritage (Eds.), *Talk at work: Interaction in institutional settings* (pp. 359–417). Cambridge University Press.
- Hodges, A. K., Hathaway, K. L., McMahon, M. X. H., Volkert, V. M., & Sharp, W. G. (2022). Treatment of feeding concerns in children with autism spectrum disorder: A systematic review of behavioral interventions with caregiver training. *Behavior Modification*, 1454455221137328–1454455221137328. <https://doi.org/10.1177/01454455221137328>
- Hutchby, I. (1995). Aspects of recipient design in expert advice-giving on call-in radio. *Discourse Processes*, 19(2) (pp. 219–238). <https://doi.org/10.1080/01638539509544915>
- Hyman, S. L., Levy, S. E., Myers, S. M., Kuo, D. Z., Apkon, C. S., Davidson, L. F., Ellerbeck, K. A., Foster, J. E. A., Noritz, G. H., O'Connor Leppert, M., Saunders, B. S., Stille, C., Yin, L., Brei, T., Davis, B. E., Lipkin, P. H., Norwood, K., Coleman, C., Mann, M., ... Paul, L. (2020). Identification, evaluation, and management of children with autism spectrum disorder. *Pediatrics* (Evanston), 145(1). <https://doi.org/10.1542/PEDS.2019-3447>
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. H. Lerner (Ed.), *Conversation Analysis: Studies from the first generation* (pp. 13–31). Amsterdam: John Benjamins.

- King, A., & Xu, Y. (2021). Caregiver coaching for language facilitation in early intervention for children with hearing loss. *Early Child Development and Care: ECDC*, 191(10) (pp. 1507–1525). <https://doi.org/10.1080/03004430.2019.1658092>
- Klatte, I. ., Lyons, R., Davies, K., Harding, S., Marshall, J., McKean, C., Roulstone, S., LS Psycholinguistik, & ILS LAPD. (2020). Collaboration between parents and SLTs produces optimal outcomes for children attending speech and language therapy: Gathering the evidence. *International Journal of Language & Communication Disorders*, 55(4) (pp. 618–628). <https://doi.org/10.1111/1460-6984.12538>
- Kokorelias, K. M., Gignac, M. A. M., Naglie, G., & Cameron, J. I. (2019). Towards a universal model of family centered care: a scoping review. *BMC Health Services Research*, 19(1). <https://doi.org/10.1186/s12913-019-4394-5>
- Lai, M.C., Lombardo, M. V., & Baron-Cohen, S. (2014). Autism. *The Lancet* (British Edition), 383(9920) (pp. 896–910). [https://doi.org/10.1016/S0140-6736\(13\)61539-1](https://doi.org/10.1016/S0140-6736(13)61539-1)
- Levinson, S. (2013). Action formation and ascription. In J. Sidnell & T. Stivers (Eds.), *The handbook of conversation analysis* (pp. 103–130). Wiley-Blackwell.
- Lewis, V., & Miller, A. (2011). “Institutional talk” in the discourse between an educational psychologist and a parent: a single case study employing mixed research methods. *Educational Psychology in Practice*, 27(3) (pp. 195–212). <https://doi.org/10.1080/02667363.2011.603529>
- Lukens, C. T., & Silverman, A. H. (2014). Systematic review of psychological interventions for pediatric feeding problems. *Journal of Pediatric Psychology*, 39(8) (pp. 903–917). <https://doi.org/10.1093/jpepsy/jsu040>
- Lilja, N. (2018). Keskusteluanalyysi vuorovaikutuksen tutkimuksen menetelmänä. R. Valli, & J. Aaltola (Eds.). *Ikkunoita tutkimusmetodeihin 2: Näkökulmia aloittelevalle tutkijalle tutkimuksen teoreettisiin lähtökohtiin ja analyysimenetelmiin* (5., uudistettu ja täydennetty painos.). PS-kustannus.
- Lindholm, C., Stevanovic, M. & Peräkylä, A. (2016). Johdanto. In M. Stevanovic & C. Lindholm (Eds.), *Keskusteluanalyysi: Kuinka tutkia sosiaalista toimintaa ja vuorovaikutusta* (pp. 9–30). Tampere: Vastapaino.
- Nieminen, J. (2023). *Autismipiirteisten taaperoiden vanhempainohjanta: Toteutettavuustutkimus*. Pro gradu -thesis. Tampere University.
- Noll, D., DiFabio, D., Moodie, S., Graham, I. D., Potter, B., Grandpierre, V., & Fitzpatrick, E. M. (2021). Coaching caregivers of children who are deaf or hard of hearing: A scoping review. *Journal of Deaf Studies and Deaf Education*, 26(4) (pp. 453–468). <https://doi.org/10.1093/deafed/enab018>
- Ogoursova, T., Boychuck, Z., O’Donnell, M., Ahmed, S., Osman, G., & Majnemer, A. (2023). Telerehabilitation for children and youth with developmental disabilities and their families: A systematic review. *Physical & Occupational Therapy in Pediatrics*, 43(2) (pp. 129–175). <https://doi.org/10.1080/01942638.2022.2106468>

- Oono, I. P., Honey, E. J., & McConachie, H. (2013). Parent-mediated early intervention for young children with autism spectrum disorders (ASD). *Evidence-Based Child Health: A Cochrane Review Journal*, 8(6) (pp. 2380–2479). <https://doi.org/10.1002/ebch.1952>
- Pilnick, A., & James, D. (2013). “I’m thrilled that you see that”: Guiding parents to see success in interactions with children with deafness and autistic spectrum disorder. *Social Science & Medicine* (1982), 99 (pp. 89–101). <https://doi.org/10.1016/j.socscimed.2013.10.009>
- Raevaara, L. (1997). Vierusparit – esimerkkinä kysymys ja vastaus. In L. Tainio (Ed.), *Keskustelunanalyysin perusteet* (pp. 75–92). Tampere: Vastapaino.
- Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems - a meta-analytic review. *Journal of Child Psychology and Psychiatry*, 47(1) (pp. 99–111). <https://doi.org/10.1111/j.1469-7610.2005.01544.x>
- Ronkainen, R. J., Tykkyläinen, T., Lonka, E., & Laakso, M. (2014). Involving parents in the speech and language therapy of children with cochlear implants. *Journal of Interactional Research in Communication Disorders*, 5(2). <https://doi.org/10.1558/jircd.v5i2.167>
- Sacks, H., Schegloff, E., & Jefferson, G. (1974). Simplest systematics for organization of turn-taking for conversation. *Language* (Baltimore), 50(4), (pp. 696–735). <https://doi.org/10.2307/412243>
- Schegloff, E. A. (2007). *Sequence organization in interaction*. Cambridge University Press.
- Sellman, J. & Tykkyläinen, T. (2017). *Puheterapia. Vuorovaikutus muutoksen välineenä*. Tampere: Vastapaino.
- Sidnell, Jack. (2010). *Conversation analysis: An introduction*. Wiley-Blackwell.
- Smoliak, O., MacMartin, C., Hepburn, A., Le Couteur, A., Elliott, R., & Quinn-Nilas, C. (2022). Authority in therapeutic interaction: A conversation analytic study. *Journal of Marital and Family Therapy*, 48(4) (pp. 961–981). <https://doi.org/10.1111/jmft.12471>
- Snodgrass, M. R., Chung, M. Y., Biller, M. F., Appel, K. E., Meadan, H., & Halle, J. W. (2017). Telepractice in speech–language therapy: The use of online technologies for parent training and coaching. *Communication Disorders Quarterly*, 38(4) (pp. 242–254). <https://doi.org/10.1177/1525740116680424>
- Stevanovic, M. (2016). Sosiaaliset rakenteet. In M. Stevanovic & C. Lindholm (Eds.), *Keskustelunanalyysi: kuinka tutkia sosiaalista toimintaa ja vuorovaikutusta* (pp. 200–221). Tampere: Vastapaino.
- Stevanovic, M., & Peräkylä, A. (2012). Deontic authority in interaction: The right to announce, propose and decide. *Research on Language and Social Interaction*, 45(3) (pp. 297–321). <https://doi.org/10.1080/08351813.2012.699260>
- Stivers, T., Mondada, L., & Steensig, J. (2011). Knowledge, morality and affiliation in social interaction. In T. Stivers, L. Mondada & J. Steensig (Eds.), *The Morality of Knowledge in Conversation* (Vol. 29) (pp. 3–24). Cambridge University Press. <https://doi.org/10.1017/CBO9780511921674>

- Stivers, T. & Sidnell, J. (2013). Introduction. In J. Sidnell & T. Stivers (Eds.), *The handbook of conversation analysis* (pp. 1–8). Wiley-Blackwell.
- Stommel, W., & Molder, H. te. (2018). Empathically designed responses as a gateway to advice in Dutch counseling calls. *Discourse Studies*, 20(4) (pp. 523–543).
<https://doi.org/10.1177/1461445618754436>
- Tainio, L. (1997). Preferenssijäsennys. In L. Tainio (Ed.), *Keskustelunanalyysin perusteet* (pp. 93–110). Tampere: Vastapaino.
- Vatanen, A. (2016). Keskustelunanalyttinen tutkimusprosessi. In M. Stevanovic & C. Lindholm (Eds.), *Keskustelunanalyysi: Kuinka tutkia sosiaalista toimintaa ja vuorovaikutusta* (pp. 312–330). Tampere: Vastapaino.
- Vehviläinen, S. (2001). Neuvomisen ongelmia ja ratkaisuja: Vertaileva näkökulma. In J. Ruusuvoori, M. Haakana & L. Raevaara (Eds.), *Institutionaalinen vuorovaikutus: Keskustelunanalyttisiä tutkimuksia* (pp. 39–61). Helsinki: Suomalaisen Kirjallisuuden seura.
- Vehviläinen, S. (2009). Student-initiated advice in academic supervision. *Research on Language and Social Interaction*, 42(2) (pp. 163–190). <https://doi.org/10.1080/08351810902864560>
- Vehviläinen, S. (2014). *Ohjaustyön opas: yhteistyössä kohti toimijuutta*. Gaudeamus.
- VISK = Auli Hakulinen, Maria Vilkuna, Riitta Korhonen, Vesa Koivisto, Tarja Riitta Heinonen ja Irja Alho 2004: *Iso suomen kielioppi*. Helsinki: Suomalaisen Kirjallisuuden Seura.
Verkkoversio, viitattu 1.11.2008. Saatavissa: <http://scripta.kotus.fi/visk> URN:ISBN:978-952-5446-35-7

Appendix 1. Transcript symbols

Transcript symbols (adapted from Jefferson, 2004):

[the onset of overlap
]	the endpoint of overlap
=	turns, utterances or utterance-parts (e.g. words) follow each other without a break or a gap between them
(0.3)	a pause continuing for at least 0.2 seconds, duration indicated by tenths of seconds
(.)	a pause continuing for less than 0.2 seconds
mit <u>ä</u>	the underscored word or syllable is stressed via pitch and/or amplitude
:	prolongation of the preceding sound
↑	the following word is produced using a higher pitch, compared to the surrounding talk
EI	the word(s) written in upper case are produced louder, compared to the surrounding talk
°ei°	an utterance or an utterance-part is produced more softly, compared to the surrounding talk
<ja	a hurried start
> <	an utterance or an utterance-part is speeded up
< >	an utterance or an utterance-part is slowed down
-	a word or an utterance is cut short
.hhh	inhalation
hhh	exhalation
hehe	laughter
j(h)oo	laughter inside a word
£joo£	an utterance or an utterance-part is produced with a voice that conveys "suppressed laughter"
()	ungotten talk
(joo)	transcriber is uncertain about the word in parentheses
(())	transcriber's descriptions
(FP)	filled pause; used to mark non-linguistic sounds that cannot be marked with orthographic symbols
.	falling intonation at the end of an utterance
?	rising intonation at the end of an utterance
,	level intonation at the end of an utterance