

CLINICAL INTERVIEW

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General Characteristics of Interviews

- An Interaction- An interview is an interaction between at least two persons. Each participant contributes to the process, and each influences the responses of the other. But this characterization falls short of defining the process.
- Interviewing, like conversation, involves face to-face verbal encounters or exchanges. A clinical interview is initiated with a goal or set of goals in mind. The interviewer approaches the interaction purposefully, bearing the responsibility for keeping the interview on track and moving toward the goal.
- Thus, the easy informality that often characterizes ordinary conversation is less evident. A good interview is one that is carefully planned, deliberately and skillfully executed, and goal-oriented throughout.
- Interviewing clearly takes many forms—from fact finding to emotional release to cross examination. However, all forms of professionally executed interviews are devoid of one feature that often characterizes normal conversation: Interviewers are not using the interchange to achieve either personal satisfaction or enhanced prestige. They are using it to elicit data, information, beliefs, or attitudes in the most skilled fashion possible.

Interviews versus Tests

- Interviews are more purposeful and organized than conversation but sometimes less formalized or standardized than psychological tests. The hallmark of psychological testing is the collection of data under standardized conditions by means of explicit procedures. Most interviews, however, make provision for at least some flexibility.
- A unique characteristic of the interview method is the wider opportunity it provides for an individualized approach that will be effective in eliciting data from a particular person or patient. This flexibility represents both the strength and the weakness of many interviewing techniques. Although one can seek information in the way that seems most appropriate for Patient X, there is also a distinct potential for unreliability and error.

The Art of Interviewing

- Interviewing has often been regarded as an art. Except in the most structured, formal interviews, there is a degree of freedom to exercise one's skill and resourcefulness that is generally absent from other assessment procedures. Decisions such as when to probe, when to be silent, or when to be indirect or subtle test the skill of the interviewer. With experience, one learns to respond to interviewee cues in a progressively more sensitive fashion that ultimately serves the purposes of the interview.



Interviewing Essentials and Techniques

- Many factors influence the productivity and utility of data obtained from interviews. Some involve the physical setting. Others are related to the nature of the patient. A mute or uncommunicative patient may not cooperate regardless of the level of the interviewer's skills. Few interviewers are effective with every patient. Several factors or skills, however, can increase the likelihood that interviews will be productive. Training and supervised experience in interviewing are very important.
- Techniques that work well for one interviewer can be notably less effective for another; there is a crucial interaction between technique and interviewer. This is why gaining experience in a supervised setting is so important; it enables the interviewer to achieve some awareness of the nature of this interaction.
- Training, then, involves not just a simple memorization of rules, but, rather, a growing knowledge of the relationships among rules, the concrete situation being confronted, and one's own impact in interview situations.

The Physical Arrangements

- An interview can be conducted anywhere that two people can meet and interact. On some occasions, this happens by chance—an encounter with a patient on the street, for example. Usually, the clinician does not choose such a setting. But the needs of the patient, the degree of urgency in the situation, or even, in some instances, sheer coincidence may make an interview of sorts inevitable.
- The office or its furnishings can be as distracting as loud noises and external clamor. There are few rules in this area, and much depends on individual taste. However, many clinicians prefer offices that are fairly neutral, yet tasteful.
- An office with furnishings that demand attention or seem to cry out for comment would not be ideal.



Rapport

- Rapport is the word often used to characterize the relationship between patient and clinician. Rapport involves a comfortable atmosphere and a mutual understanding of the purpose of the interview. Good rapport can be a primary instrument by which the clinician achieves the purposes of the interview. A cold, hostile, or adversarial relationship is not likely to be constructive.
- Good rapport can be achieved in many ways—perhaps as many ways as there are clinicians. However, no bag of “rapport tricks” is likely to substitute for an attitude of acceptance, understanding, and respect for the integrity of the patient. Such an attitude does not require that the clinician like every patient.
- When patients realize that the clinician is trying to understand their problems in order to help them, then a broad range of interviewer behavior becomes possible. Probing, confrontation, and interviewer assertiveness may be acceptable once rapport has been established.

Communication

- In any interview, there must be communication. Whether we are helping persons in distress or assisting patients in realizing their potential, communication is our vehicle. The real problem is to identify the skills or techniques that will ensure maximum communication.
- **Beginning a Session**-It is often useful to begin an assessment session with a casual conversation. A brief comment or question about difficulties in finding a parking space or even a banal comment on the weather may help establish the clinician as a real person and allay any fears the patient may have had as to whether he or she can ever relate to a “shrink.” But whatever its specific content, a brief conversation designed to relax things before plunging into the patient’s reasons for coming will usually facilitate a good interview.
- **Language**-Of extreme importance is the use of language that the patient can understand. Some initial estimate of the patient’s background, educational level, or general sophistication should be made. The kind of language employed should then reflect that judgment. It is offensive to speak to a 40-year-old woman with a master’s degree in history as if she were an eighth grader. It is not necessary to infantilize people seeking help; asking for help need not imply that one has a diminished capacity to understand.

- **The Use of Questions.** Maloney and Ward (1976) observed that the clinician's questions may become progressively more structured as the interview proceeds. They distinguish among several forms of questions, including open-ended, facilitative, clarifying, confronting, and direct questions. Each is designed in its own way to promote communication. And each is useful for a specific purpose or patient.
- **Silence.** Perhaps nothing is more disturbing to a beginning interviewer than silence. However, silences can mean many things. The important point is to assess the meaning and function of silence in the context of the specific interview.
- **Listening.** By listening that we come to appreciate the information and emotions that the patient is conveying. If we are concerned about impressing the client, if we are insecure in our role, if we are guided by motivations other than the need to understand and accept, then we are not likely to be effective listeners.

