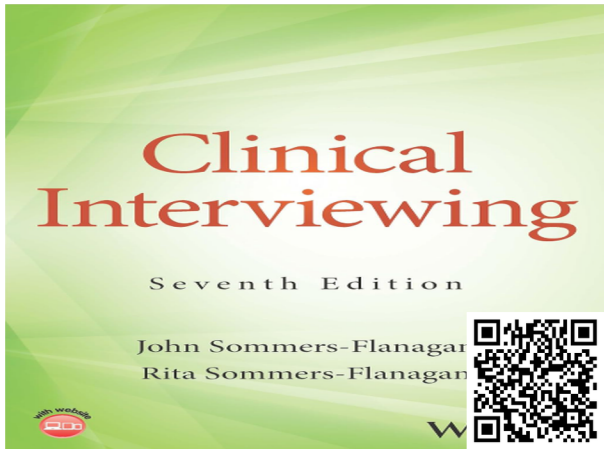


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# Clinical Interviewing

Seventh Edition

John Sommers-Flanagan

Rita Sommers-Flanagan



**WILEY**



# **CLINICAL INTERVIEWING**

Seventh Edition



# **CLINICAL INTERVIEWING**

Seventh Edition

**John Sommers-Flanagan**  
University of Montana

**Rita Sommers-Flanagan**  
University of Montana

**WILEY**

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**To future mental health professionals. May you have the sensitivity, competence, grace, and courage to make the world a better place.**



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**E**verything begins somewhere.

Counseling, psychotherapy, and other mental health treatments begin with the clinical interview. Using metaphor, clinical interviewing is the headwaters from which all counseling and psychotherapy flow. Without the particular and elegant mix of culturally sensitive assessment, case formulation, treatment planning, and interventions that happen during clinical interviews, therapy would be directionless.

We are in disbelief about the fact that the first edition of this text was published way back in the 20th century (1993). Upon recovery from our disbelief, we find ourselves in existential awe of the continuing evolution and broad practical application of clinical interviews in mental health settings. In response to our existential awe, we feel humbled to provide this contribution to the education of all who aspire to become helping professionals.

### **What's New in the Seventh Edition?**

The seventh edition has new content, new citations, new cases, and new language. As an example, at last count, there were over 320 new citations (a number that precipitated an eye roll from Rita). Our goals in reworking this text were to more deeply integrate culture, increase diverse representation, maintain our broad, foundational, practical, and evidence-based orientation, while providing learners with the best, most interesting, and most engaging reading and skill-building experience possible. You can be the judge of whether we've succeeded.

### **Cultural Content**

We were fortunate to receive reviews from many students, practitioners, and professors. One clear message was: increase diversity representation, so all students can identify with the textbook content.

To address this message, we asked diverse clinicians from around the globe to provide case examples. The response was invigorating . . . resulting in 16 exciting new case examples sprinkled throughout the text.

As with the 6th edition and consistent with what we've learned from Derald Wing Sue, instead of placing diversity content in one chapter, you'll find it integrated everywhere. As a consequence, all of the formerly labeled "Multicultural Highlights" boxes were relabeled as "Practice and Reflection" boxes because the distinction of a "highlight" no longer seemed relevant.

## **Learner Objectives and Videos**

Every chapter has reformulated and rewritten learner objectives to facilitate active learning. Every learner objective has at least one complementary video, and sometimes an array to help bring the learning to life. These videos combine old and new segments, and feature a diverse range of clinicians and clients discussing core ideas and demonstrating techniques described in the text. The videos are available on the book's companion website.

## **Clinician Stress Management and Self-Care**

Clinical interviewing is a stressful professional responsibility. To address clinician stress, we included additional stress management and self-care guidance to the suicide assessment interviewing chapter (Chapter 10).

## **Using the Online Instructor's Manual and Ancillary Materials**

Clinical interviewing (7th edition) has an online instructor's manual and ancillary materials for instructors. Through your John Wiley & Sons sales representative or via the Wiley website at [www.wiley.com/go/sommersflanagan/clinicalinterviewing7](http://www.wiley.com/go/sommersflanagan/clinicalinterviewing7), adopting this text gives you access to the following instructional support:

- An online instructor's manual, with supplementary lecture ideas, discussion questions, and classroom demonstrations and activities
- A test bank with more than 40 test items for each chapter
- A downloadable set of PowerPoint slides geared to textbook chapters
- The videos for each of the learning objectives in the text.

## Language Choices

We live in a postmodern world in which language is constantly changing. Our goal is to use inclusive, clear, and non-offensive language. To achieve this goal, we followed the American Psychological Association's (2021b) *Inclusive Language Guidelines* (see: <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>). Despite our best efforts, we lament that we are imperfect, and so our language use will inevitably become outdated or fall short of accurately representing everyone.

We are aware that language triggers emotions. We've had students angrily tell us they will not attend class if we use the term "White privilege" because it is a "political term." We've been told to use Latinx or Latine, and then had clients laugh and correct us, saying they prefer regionally specific language (e.g. "Mexican"). Our point is that because language is powerful, we want to empower you to reframe anything you may find outdated or offensive into language that's representational and inclusive. We also empower you to contact us so we can continue to grow in our language use. You can write to John at: [john.sf@mso.umt.edu](mailto:john.sf@mso.umt.edu).

## Patients or Clients or Visitors

Clinical interviewing is a cross-disciplinary activity. While revising this text, we sought feedback from physicians, psychologists, social workers, and professional counselors. Not surprisingly, physicians and psychologists suggested that we stick with the term *patient*, whereas social workers and counselors expressed preferences for *client*. As a third option, in the Mandarin Chinese translation of this text, the term used was *visitor*.

After briefly grappling with this dilemma, we decided to primarily use the word *client*, except for situations in which *patient* is used in previously quoted material. Just as Carl Rogers drifted in his terminology from *patient* to *client* to *person*, we find ourselves moving away from some parts and pieces of the medical model. This doesn't mean we don't respect the medical model; it just means we're intentionally choosing to use more inclusive language that emphasizes wellness.

## Sex and Gender

Sensitivity to multiple gender perspectives has complicated how gender is described in conversation and in writing. Consistent with

tradition and contemporary perspectives, when possible, we used plural–plural language (i.e. *them, their, and they*). When speaking in the singular about individuals with known pronouns (as in case examples), we use *him, her, they/them, or ze*, depending on the identified gender or preference of the person in the case. As appropriate, we occasionally use the singular *they* when describing individuals, whom we know or suspect wouldn't ascribe to a binary gender designation.

### **Interviewer, Psychotherapist, Counselor, Therapist, Clinician, or Practitioner**

Because this text was written for aspiring mental health professionals across several disciplines, we've used several different terms to refer to mental health, human services, or healthcare professionals. Consequently, we alternate in a random and whimsical way from *therapist* to *clinician* to *interviewer* to *counselor* to *psychotherapist*, and occasionally we throw in *practitioner*. Our hope is to include all professional disciplines.

### **Acknowledgments**

Even on our bad days, we're aware of our good fortune as authors, professors, and therapists. We not only get to hang out with each other and write books, but we also get to publish with John Wiley & Sons. That's pretty close to being born on third base.

This is where we're supposed to thank, acknowledge, and honor everyone who made this book possible. But because this is the seventh edition of *Clinical Interviewing*, by now we're indebted to nearly everyone we've ever known. So, we begin with a general thanks to the many people who have lightened our burdens, provided input and guidance, and offered emotional support.

More specifically, we want to thank our Wiley editor, Darren Lalonde. We appreciate your brainstorming, support, patience, and flexibility. Thanks also to Judy Howarth, Patty Maher, Monica Rogers, Neelukiran Sekar, Christina Weyrauch, and other members of the Wiley publishing team. We've never had a question unanswered or a request denied (other than our request to be greeted with chocolate-dipped strawberries when we visit the Wiley booth at conferences).

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**Rita Sommers-Flanagan, PhD**, is professor emerita at the University of Montana. Her diverse interests include professional ethics, women's issues, and spirituality (and its connections to science and human well-being). She is the author or coauthor of many professional articles, book chapters, and books. She is also a published poet, essayist, and clinical psychologist, and has worked with youth, families, couples, and women for many years.

John and Rita live and work in Montana. In their spare time, they write, irrigate, create art, garden, and restore old buildings on the family ranch. Recently, after presenting many professional workshops on suicide assessment and treatment planning, they were inspired to form the Montana Happiness Project, LLC, in hopes to contribute more broadly to happiness and well-being on planet Earth.



## ABOUT THE COMPANION WEBSITE



This book is accompanied by a companion website:

**[www.wiley.com/go/sommersflanagan/clinicalinterviewing7](http://www.wiley.com/go/sommersflanagan/clinicalinterviewing7)**

The website includes videos.

**PART ONE**

# **FOUNDATIONS OF CLINICAL INTERVIEWING**



## AN INTRODUCTION TO THE CLINICAL INTERVIEW

## Chapter Orientation

*Clinical interview* is a common phrase used to identify an initial and sometimes ongoing contact between a mental health professional and client. Depending on many factors, this contact includes varying proportions of psychological assessment and biopsychosocial intervention. For many different mental health disciplines, clinical interviewing begins the treatment process. In this chapter, we focus on the definition of clinical interviewing, foundational cultural competencies, and a model for learning how to conduct clinical interviews.

### VIDEO 1.1

## Welcome to the Journey

When we blend our unique talent with service to others, we experience the ecstasy and exultation of our own spirit, which is the ultimate goal of all goals.

— Deepak Chopra, *The Seven Spiritual Laws for Parents*, 1997, p. 23

Imagine you're face-to-face with your first client. You've carefully chosen your clothing. You intentionally arranged the seating, set up the camera, and completed introductory paperwork. In the opening moments of your session, you're communicating warmth, acceptance, and compassion through your body posture and facial expressions. Now, imagine your client

## LEARNING OBJECTIVES

After reading this chapter, you will be able to:

- Define clinical interviewing
- Identify differences (and similarities) between clinical interviewing and counseling or psychotherapy
- Apply four essential multicultural competencies
- Describe multicultural humility and why stereotyping is natural but inadvisable
- Describe a model for learning how to conduct clinical interviews

- Immediately offends you with language, gestures, or hateful beliefs
- Refuses to talk
- Talks so much you can't get a word in
- Asks to leave early
- Starts crying
- Says you can never understand or be helpful because of ethnic, religious, or sexual differences
- Suddenly gets angry (or scared) and storms out

These are all possible client behaviors in a first interview. If one of these scenarios occurs, how will you respond? What will you say? What will you do? Will you be able to *have kindness, honesty, and compassion guide your response?*

Every client presents unique challenges. Your goals are to establish rapport, build a working alliance, gather information, instill hope, maintain a helpful yet nonjudgmental attitude, identify treatment goals, develop a case formulation, and, if appropriate, provide therapeutic interventions. You also want to gracefully end the interview on time. And sometimes, you'll need to do all this with clients who don't trust you or who don't want to work with you.

These are no small tasks—which is why it's important to be patient with yourself. Becoming a competent mental health professional takes time and practice. Being imperfect is natural. You'll need persistence, an interest in developing your intellect, interpersonal skills, emotional awareness, therapeutic skills, compassion, authenticity, and courage. Due to the ever-evolving nature of this business, you'll need to be a lifelong learner to stay current and skilled. Despite all these demands, most mental health professionals who practice self-care and stress management are satisfied with their career choice (Bellamy et al., 2019).

The clinical interview is the most fundamental component of mental health training in professional counseling, psychiatry, psychology, and social work (Allen & Becker, 2019; Sommers-Flanagan et al., 2020). The clinical interview is the basic unit of connection between the helper and the person seeking help; it is the beginning of a therapeutic relationship and the cornerstone of psychological assessment; it is also the focus of this book.

This text will help you acquire fundamental and advanced clinical interviewing skills. The chapters guide you through elementary listening skills onward to more advanced, complex professional activities, such as mental status examinations, suicide assessments, and diagnostic interviewing. We enthusiastically welcome you as new colleagues and fellow learners.

For many of you, this text accompanies your first taste of practical, hands-on mental health training experience. For those of you who already possess substantial clinical experience, this book may place your previous experiences in a new or different learning context. Whichever the case, we hope this text challenges you and helps you develop excellent skills for conducting professional clinical interviews.

## What Is a Clinical Interview?

VIDEO  
1.2

*Clinical interviewing* is a flexible procedure that mental health professionals use to initiate treatment. In 1920, Jean Piaget first used the words “clinical” and “interview” together in a way similar to contemporary practitioners. He believed existing psychiatric interviewing procedures were inadequate for studying cognitive development in children, so he invented a “semi-clinical interview.”

Piaget’s approach was novel. His semi-clinical interview combined tightly standardized interview questions with unstandardized or spontaneous questioning to explore the richness of children’s thinking processes (Elkind, 1964; Sommers-Flanagan et al., 2015). Interestingly, the tension between these two different interviewing approaches (i.e., standardized versus spontaneous) continues today. Psychiatrists and research psychologists primarily use structured, or semi-structured clinical interviewing approaches. *Structured clinical interviews* involve asking the same questions in the same order with every client. Structured interviews are designed to gather reliable and valid assessment data. Virtually all researchers agree that a structured clinical interview is the best approach for collecting reliable and valid assessment data.

In contrast, clinical practitioners, especially those who embrace postmodern and social justice perspectives, generally use less structure. *Unstructured clinical interviews* involve a subjective and spontaneous relational experience. These less structured relational experiences are typically used to collaboratively initiate an assessment or counseling process. Murphy and Dillon (2015) articulated the latter (less structured) end of the interviewing spectrum:

We believe that clinical interviewing is—or should be—a conversation that occurs in a relationship characterized by respect and mutuality, by immediacy and warm presence, and by emphasis on strengths and potential. Because clinical interviewing is essentially relational, it requires ongoing attention to *how* things are said and done, as well as to *what* is said and done. . . . we believe that clinicians need to work in collaboration with clients . . . (p. 4)

Research-oriented psychologists and psychiatrists who value structured clinical interviews for diagnostic purposes would likely view Murphy and Dillon's description of this "conversation" as a bane to reliable assessment. In contrast, clinical practitioners often view highly structured diagnostic interviewing procedures as too sterile and impersonal. Perhaps what's most interesting is that despite these substantial conceptual differences—differences that are sometimes punctuated with passion—structured and unstructured approaches represent legitimate methods for conducting clinical interviews. A clinical interview can be structured, unstructured, or a thoughtful combination of both. (See Chapter 11 for a discussion of clinical interviewing structure.)

Formal definitions of the clinical interview emphasize its two primary functions or goals (Sommers-Flanagan, 2016; Sommers-Flanagan et al., 2020):

1. Assessment
2. Helping (including referrals)

To achieve these goals, all clinical interviews involve the development of a therapeutic relationship or working alliance. Optimally, the therapeutic relationship provides leverage for obtaining valid and reliable assessment data and/or providing effective interventions.

With all this background in mind, we define *clinical interviewing* as . . .

a complex, multidimensional, and culturally sensitive interpersonal process that occurs between a professional service provider and client. The primary goals are (a) assessment and (b) helping. To achieve these goals, clinicians may emphasize structured diagnostic questioning, spontaneous talking and listening, or both. Clinicians use information obtained in an initial clinical interview to develop a collaborative case formulation and treatment plan.

Given this definition, students often ask: "What's the difference between a clinical interview and counseling or psychotherapy?" This is an excellent question that deserves a nuanced response.

### VIDEO 1.3

## Clinical Interviewing versus Counseling and Psychotherapy

During a clinical interview, clinicians simultaneously initiate a therapeutic relationship, gather assessment information, begin formulating a treatment plan, and, in most cases, start therapy. The interview

is the entry point for mental health treatment, case management, and counseling. Depending on setting, clinician discipline, theoretical orientation, and other factors, the clinical interview may also be known as the (a) intake interview, (b) initial interview, (c) psychiatric interview, (d) diagnostic interview, or (e) first contact or meeting (Sommers-Flanagan, 2016).

Although it includes therapeutic dimensions, the initial clinical interview is primarily considered an assessment procedure (see Practice and Reflection 1.1, Edelstein et al., 2022). In addition, and beginning with Constance Fischer's (1979) work on individualized psychological assessment in the 1970s, some writers and practitioners emphasize that all assessment procedures can and should be therapeutic. Most likely, assessment and therapeutic processes are two sides of the same coin; separating them probably detracts from both. When done well, clinical assessment is or can be therapeutic (Fantini et al., 2022).

Some theoretical orientations ignore or de-emphasize formal assessment to such an extent that the initial clinical interview is transformed into a therapeutic intervention. In other cases, the clinical setting or client's problem requires that single therapy sessions constitute an entire course of counseling or psychotherapy. For example,

In a crisis situation, a mental health professional might conduct a clinical interview designed to quickly establish . . . an alliance, gather assessment data, formulate and discuss an initial treatment plan, and implement an intervention or make a referral. (Sommers-Flanagan et al., 2015, p. 2)

From this perspective, not only is the clinical interview always the starting point for counseling, psychotherapy, and case management, but, due to a variety of factors and choices, it also may be the end point.

There may be other situations where an ordinary therapy session transforms into clinical assessment. The most common example of this involves suicide assessment interviewing (see Chapter 10). If clients begin talking about suicide, the standard practice for mental health and health care professionals is to shift the focus from whatever is happening, to a state-of-the-art suicide assessment interview.

Even though a clear demarcation might be preferable, everything that happens in a full course of counseling or psychotherapy may also occur within the context of a single clinical interview—and vice versa.

The entire range of attitudes, techniques, and strategies you read about in this text is the same as what's necessary for conducting more advanced and theoretically specific counseling or psychotherapy. You can think of the content in this text as broadly foundational to all forms of psychotherapy.

Many professional journals, books, online guides, and other publications describe clinical interviewing process and content. To give you a glimpse of contemporary clinical interviewing topics, Practice and Reflection 1.1 summarizes five recent publications that approach clinical interviewing from five different perspectives.

### PRACTICE AND REFLECTION 1.1: EXPLORING RECENT CLINICAL INTERVIEWING PUBLICATIONS

Contemporary publications emphasize clinical interviewing as assessment. Although we acknowledge that clinical interviewing is an assessment procedure, clinical interviewing also has a long history of having a therapeutic (helping) function. The real “magic” of clinical interviewing happens when skilled practitioners integrate (a) assessment, (b) relational/cultural, (c) treatment planning, and (d) therapeutic components into a single interview.

Title	Author(s)/Source	Focus
Development and implementation of a function-based clinical interview to evaluate childhood behavior problems	(Edelstein et al., 2022). <i>Cognitive and Behavioral Practice</i>	Describes an approach to gathering caregiver information to inform treatment planning
Family Caregiver Anticipatory Grief—Clinical Interview: Psychometric characteristics and scoring pattern	(Coelho et al., 2022) <i>Illness, Crisis, &amp; Loss</i>	Describes an assessment protocol based on attachment theory
Development and psychometric exploration of a semi-structured clinical interview for Misophonia	(Guetta et al., 2022). <i>Personality and Individual Differences</i>	Describes an assessment protocol to complement self-report measures of a new disorder
The role of the clinical interview in suicide risk assessment	Book Chapter: (Schechter & Maltsberger, 2021, in Wasserman). <i>Oxford Textbook of Suicidology and Suicide Prevention</i> (2nd ed.)	Describes how the clinical interview is fundamental to suicide assessment
Clinical interview methods for assessing disordered thinking and perception	Book Chapter: (Khadivi, 2021, in Weiner & Kleiger). <i>Psychological Assessment of Disordered Thinking and Perception</i>	Describes a semi-structured interviewing approach to assess disordered thinking and perception

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