

**DEPARTMENT OF PSYCHOLOGY, PATNA UNIVERSITY**

**M.A SEMESTER-4, CLINICAL PSYCHOLOGY, EC 1**

**TOPIC: CLINICAL INTERVIEW**

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## CLINICAL INTERVIEW

- The interview is a thoughtful, well planned, and deliberate conversation designed to acquire important information (facts, attitudes, beliefs) that enables the psychologist to develop a working hypothesis of the problem and its best solution. The practice of clinical interviewing has long been regarded as a foundational element within the disciplines of both psychiatry and Clinical Psychology. It was the first systematic method of collecting pertinent patient information in mental health settings. To conduct a successful clinical interview remains an essential skill for contemporary mental health professionals.



## ○ **Typical Information Requested during a Standard Clinical Interview-**

- (a) Identifying information (e.g., name, age, gender, address, date, marital status, education level)
- (b) Referral Source (who referred the person and why)
- (c) Chief Complaint or presenting problems (list of symptoms)
- (d) Family background
- (e) Health background
- (f) Educational background
- (g) Employment background
- (h) Developmental history (birth and early child development history)
- (i) Previous medical treatment
- (j) Previous psychiatric treatment
- (k) History of Traumas (e.g., physical or sexual abuse, major losses, major accidents)
- (l) Current treatment goals



## TYPES OF CLINICAL INTERVIEW:-

**1. The Intake-Admission Interview-** An intake interview generally has two purposes- to determine why the patient has come to the clinic or hospital and to judge whether the agency's facilities, policies, and services will meet the needs and expectations of the patient. It is used to develop a better understanding of the patient's symptoms or concerns in order to recommend the most appropriate treatment or intervention plan. Whether the interview is conducted for admission to a hospital, an outpatient clinic, a private practice, or some other setting, the initial interview attempts to evaluate the patient's situation as efficiently as possible. The psychologist typically discusses treatment and payment options, informs the patient about the policies and procedures of the treatment facility or practice, and answers the patient's questions about the services offered.



**2. The Case-History Interview-** In a case-history interview, a complete personal and social history as possible is taken. The purpose of a case history is to provide a broad background and context in which both the patient and the problem can be placed. The range of material covered in personal and social histories is quite broad. It covers both childhood and adulthood, and it includes educational, sexual, medical, parental-environmental, religious, and psychopathological matters.



**3. Mental Status Interview-** A mental status interview is conducted to screen the patient's level of psychological functioning and the presence or absence of abnormal mental phenomena such as delusions, delirium, or dementia. Mental status exams include a brief evaluation and observation of the patient's appearance and manner, speech characteristics, mood, thought processes, insight, judgment, attention, concentration, memory, and orientation. A major limitation of mental status interviews has been their unreliability, because they are often highly unstructured in execution.



**4. The Crisis Interview-** A crisis interview occurs when a patient is in the middle of a significant and often traumatic or life-threatening crisis. The purpose of the crisis interview is to meet problems as they occur and to provide an immediate resource. Such interviewing requires training, sensitivity, and judgment. The interviewer must maintain a calm and clear-headed manner while asking critical questions in order to deal with the situation effectively.

**5. Diagnostic Interview-** The purpose of a diagnostic interview is to obtain a clear understanding of the patient's particular diagnosis. Thus patient-reported symptoms and problems are examined in order to classify the concerns into a diagnosis. Diagnostic interviewing is difficult to ascertain the precise diagnosis through interview alone.



**6. Structured Interview-** Structured interviews are those interviews in which the wording and ordering of each query is explicitly specified. It also utilizes tightly operationalized and standardized criteria for the coding, scoring, and interpretation of each interviewee response.

**7. Unstructured Interview-** It follows a much more open, free-flowing form, one only minimally directed by the clinician. An unstructured clinical interview involves an open-ended, free-flowing interaction between the clinician and client/patient. It is characterized by the absence of a predetermined set of questions, with a focus instead on spontaneous content that emerges during the clinical interaction.

**8. Therapeutic Interview-** In this, the interview process is explicitly regarded as a mode of intervention in its own right.



**9. Stress interview-** is the general name applied to any interview where one objective is to place the interviewee in a pressured state for some particular reason. The stress may be induced to test for some aspect of personality that might be elicited only under such conditions.

**10. Hypnotic interview-** A hypnotic interview is one conducted while the interviewee is under hypnosis. It may be used as part of a therapeutic assessment or intervention when the interviewee has been an eyewitness to a crime or related situations.

**11. Cognitive interview-** In this, rapport is established and the interviewee is encouraged to use imagery and focused retrieval to recall information. If the interviewee is an eyewitness to a crime, he or she may be asked to shift perspective and describe events from the viewpoint of the perpetrator.



**12. Collaborative interview-** The collaborative interview allows the interviewee wide latitude to interact with the interviewer. It is almost as if the boundary between professional assessor and lay assesse has been diminished and both are participants working closely together—collaborating—on a common mission of discovery, clarification, and enlightenment.

**13. Computer-Assisted Interviews-** As computers become more sophisticated and less expensive, programs can be developed to administer highly complex, efficient, and effective interviews. Computers can be used to ask patients questions and record their responses in a very objective manner. some patients feel more comfortable answering sensitive and potentially embarrassing questions via computer rather than talking face-to-face with a human interviewer. Results from the computer interview can be provided to the counselor to help in the treatment process.



**14. Exit or Termination Interview-** After treatment is completed, an exit or termination interview may be used to help evaluate the effectiveness of treatment or to smooth the patient's transition to the next psychotherapeutic step. The interview might focus on how the patient experienced the treatment, what the patient found useful or not useful, and how he or she might best deal with problems in the future.

