

Clinical Interview Guidelines

Psychology Treatment and Diagnostics Board

Comprehensive Framework for Clinical Assessment Interviews

I. Pre-Interview Preparation

Essential Preparation Steps

- Review available records and referral information
- Prepare necessary forms and assessment tools
- Ensure private, comfortable interview environment
- Plan for appropriate interview duration (60-90 minutes initial)
- Have emergency contact information and crisis resources available
- Review relevant cultural considerations

Safety Reminder: Always have crisis intervention resources immediately accessible during interviews. Know your mandatory reporting obligations before beginning.

II. Interview Structure and Flow

Phase 1: Opening and Rapport Building (10-15 minutes)

- **Introduction:** State your name, role, and purpose of interview
- **Informed Consent:** Explain confidentiality limits and client rights
- **Comfort Assessment:** Check client's physical comfort and needs
- **Opening Question:** "What brings you here today?" or "How can I help you?"
- **Active Listening:** Demonstrate empathy and understanding

Phase 2: Presenting Problem Exploration (15-20 minutes)

Key Areas to Explore:

- Nature and description of current difficulties
- Onset, duration, and course of symptoms
- Precipitating and maintaining factors
- Previous episodes or similar experiences
- Impact on daily functioning
- Current coping strategies and their effectiveness

Phase 3: Comprehensive History (20-25 minutes)

- **Psychiatric History:** Previous diagnoses, treatments, hospitalizations
- **Medical History:** Current medications, medical conditions, allergies
- **Substance Use:** Alcohol, drugs, tobacco use patterns
- **Family History:** Mental health and medical history in family

- **Social History:** Relationships, support systems, living situation
- **Developmental History:** Childhood, education, trauma exposure

Phase 4: Mental Status Examination (10-15 minutes)

- **Appearance:** Grooming, dress, physical presentation
- **Behavior:** Motor activity, eye contact, cooperation
- **Speech:** Rate, volume, articulation, spontaneity
- **Mood/Affect:** Subjective mood and observed emotional expression
- **Thought Process:** Organization, flow, coherence
- **Thought Content:** Delusions, obsessions, suicidal/homicidal ideation
- **Cognition:** Orientation, memory, attention, abstract thinking
- **Insight/Judgment:** Understanding of condition and decision-making capacity

III. Specialized Interview Techniques

A. Risk Assessment Protocols

Suicide Risk Assessment:

- Direct questioning: "Are you having thoughts of hurting yourself?"
- Assess ideation, plan, means, intent, and timeline
- Evaluate protective factors and support systems
- Use standardized tools (Columbia Scale, SAD PERSONS)
- Document risk level and safety planning

Violence Risk Assessment:

- History of violence or aggressive behavior
- Current threats or violent ideation
- Access to weapons or potential victims
- Substance use and impulsivity factors
- Psychotic symptoms or paranoid ideation

B. Trauma-Informed Interviewing

- **Safety First:** Establish physical and emotional safety
- **Choice and Control:** Give client control over pacing and disclosure
- **Trustworthiness:** Be transparent about process and limitations
- **Collaboration:** Work with client rather than interrogating
- **Empowerment:** Focus on strengths and resilience

Trauma Screening: Use gentle, indirect approaches initially. Direct trauma questions may be overwhelming in first session.

C. Cultural Competency in Interviewing

- **Cultural Self-Awareness:** Recognize your own cultural background and biases
- **Cultural Inquiry:** Ask about client's cultural identity and values
- **Language Considerations:** Use appropriate interpreters when needed
- **Religious/Spiritual Factors:** Explore spiritual resources and conflicts
- **Family/Community Dynamics:** Understand collective vs. individual orientations

IV. Effective Communication Strategies

A. Active Listening Techniques

- **Reflection:** "It sounds like you're feeling..."
- **Clarification:** "Help me understand what you mean by..."
- **Summarization:** "Let me make sure I understand..."
- **Empathy:** "That must have been very difficult for you"
- **Validation:** "Your feelings about this make complete sense"

B. Questioning Strategies

- **Open-ended Questions:** "Tell me about..." "How did you feel when..."
- **Scaling Questions:** "On a scale of 1-10, how anxious do you feel?"
- **Behavioral Specificity:** "Give me a specific example of when this happens"
- **Timeline Questions:** "When did you first notice..." "How long has this been going on?"
- **Exception Questions:** "Are there times when this doesn't happen?"

C. Managing Difficult Situations

- **Emotional Overwhelm:** Validate emotions, use grounding techniques
- **Resistance:** Explore ambivalence, avoid confrontation
- **Dissociation:** Use grounding, check for awareness
- **Agitation:** Lower voice, create space, assess safety
- **Silence:** Allow comfortable pauses, don't rush to fill silence

V. Interview Documentation

A. During Interview Notes

- Maintain eye contact while taking brief notes
- Record exact quotes for key statements
- Note nonverbal behaviors and observations
- Track time spent on different topics
- Mark areas needing follow-up exploration

B. Post-Interview Documentation

Complete Within 24 Hours:

- Comprehensive assessment summary
- Mental status examination findings
- Risk assessment and safety planning
- Preliminary diagnostic impressions
- Treatment recommendations
- Follow-up plan and next steps

CLINICAL INTERVIEW SUMMARY Date: _____ Duration: _____

Interviewer: _____ PRESENTING PROBLEM:

_____ HISTORY OF

PRESENT ILLNESS: _____

MENTAL STATUS EXAMINATION: Appearance:

_____ Behavior:

_____ Speech:

_____ Mood:

_____ Affect:

_____ Thought Process:

_____ Thought Content:

_____ Perceptual Disturbances:

_____ Cognition: _____

Insight: _____ Judgment: _____

_____ RISK ASSESSMENT: Suicide Risk:

_____ Violence Risk:

_____ Safety Plan:

_____ DIAGNOSTIC IMPRESSIONS: Primary:

_____ Secondary:

_____ Rule-out:

_____ TREATMENT RECOMMENDATIONS:

VI. Special Populations

A. Children and Adolescents

- Use age-appropriate language and concepts
- Include parent/guardian in assessment process
- Consider developmental factors in symptom presentation
- Use play therapy techniques when appropriate
- Assess school functioning and peer relationships

B. Older Adults

- Screen for cognitive impairment
- Consider medical conditions affecting mental health
- Assess medication interactions and side effects
- Evaluate social support and functional independence
- Address ageism and stereotypes

C. Crisis Presentations

Crisis Interview Priorities:

- Immediate safety assessment and stabilization
- Brief, focused history gathering
- Rapid risk assessment and safety planning
- Disposition planning and follow-up coordination
- Collateral information gathering when possible

VII. Quality Assurance

A. Interview Competency Standards

- Demonstrates empathy and therapeutic rapport
- Conducts systematic and thorough assessment
- Maintains professional boundaries
- Accurately documents findings
- Identifies and manages risk factors
- Provides appropriate referrals and recommendations

B. Supervision and Training

- All interviews by unlicensed staff require supervision review
- Complex cases require consultation with senior clinicians
- Regular training on interview techniques and cultural competency
- Ongoing assessment of interviewing skills