Chapter 4

Listening

Interviewing and Change Strategies for Helpers

Cormier, Nurius, and Osborn

Learning Outcomes

1) In an interview situation, identify nonverbal behaviors of the person with whom you are communicating. Describe the possible meanings associated with these behaviors. The nonverbal behaviors you identify may come from any one or a combination of these four categories: (a) kinesics, or body motion; (b) paralinguistics, or voice qualities; (c) proxemics, or spatial distance in interactions; and (d) the person’s general appearance.

2) From a list of three client statements, write an example of each of the four listening responses for each client statement.

3) In a 15-minute helping interview in which you function as an observer, listen for and record five key aspects of client messages that the helper needs to attend to ensure effective listening.

4) In a 15-minute role-play interview or a conversation in which you function as a listener, demonstrate at least two accurate examples of each of the four listening responses.

Three Processes of Listening

- **Receiving** message
  - Covert process
  - Contemplative listening
- **Processing** message
  - Covert process
  - Reflective listening
- **Sending** message
  - Overt process
  - Connective listening

Listening

- Reception of a message may be thought of as ***contemplative listening*** (Lindahl, 2003)
- When we are truly silent, we are not focused on what we are going to say next.
- **Processing** includes thinking about the message and pondering its meaning.
- **Reflective listening**-listening to ourselves and focusing our attention inward to develop sensitivity to our internal voice.
- Sending messages back to our clients, we are engaging in listening that is ***connective***—listening that connects us with our clients (Lindahl, 2003).

Listening to Client's Stories

- Listening is healing because helps clients tell their stories.
- **Narratives** construct clients' identities and infuse their lives with meaning and purpose.
- Ivey and colleagues (2007) recommend listening for the ***facts*** of the story, for client's ***feelings*** about the story, and for the way in which the client ***organizes*** the story.
- Each time story is told, another part of story is remembered, something new is learned, insight is gained, or wound is healed.

Listening to Client's Nonverbal Behaviors

- Part of the client's story is expressed through nonverbal communication and body language.
- Some cultural groups place greater emphasis on nonverbal than verbal behavior in themselves and their helper.
- Many racial/ethnic minority clients are attuned to nonverbal behavior, particularly as a way to sense bias.
- **Leakage** is the communication of nonverbal messages that are valid yet are not sent intentionally.

Microaggressions

- **Nonverbal leakages** may be subtle **microaggressions** – such as dismissive looks, gestures, and tones, and are so pervasive and automatic that they are often ignored or denied (Sue & Sue, 2008; Sue, 2010).
- Some microagressions may be directed toward race, gender, and sexual orientation.

Three Categories of Nonverbal Behavior

- Three aspects of nonverbal behavior include **kinesics**, **paralinguistics**, and **proxemics**.
- ***Kinesics****, or* ***body motion***, includes gestures, body movements, posture, touch, facial expressions, and eye behavior.
- ***Paralinguistics*** refers to the vocal cues – or the "how" of the communication. Includes vocal qualities, vocalizations, silent pauses, and speech errors.
- ***Proxemics*** – one's use of personal and social space. Involves the size of the room, seating arrangements, the distance between helper and client, and the use of touch.

Silence and Nonverbal Behavior

- Clients use silence to **express emotions**, **reflect on an issue**, **recall an idea or feeling**, **avoid a topic**, or **to catch up on the progress of the moment.**
- Sue and Sue (2008; 2010) stress the *appropriateness* of silence and verbal expressiveness varies among cultures.
- **Helper-initiated silences** are effective when used for a particular purpose (slowing down the pace of the session, giving the *client* time to think).
- **Validation of a client's significant disclosure-** silence may communicate denial or invalidation.

Four Listening Responses

- ***Clarification*** begins with a question, often posed after an ambiguous client message.
- ***Paraphrase*** is rephrasing of the content part of a message—the part that describes a situation, event, person, or idea.
- ***Reflection*** is a rephrasing of the client's feelings, or the affect part of the message.
- ***Summarization*** is an extension of the paraphrase and reflection responses; tying together and rephrasing of two or more parts of a message or messages.

Clarification Response

- A **clarification** asks the client to elaborate on a vague, ambiguous, or implied statement.
- Clarification is appropriate when you are unsure of the client's message and need more elaboration.
- Clarification may be used to verify a clients message.
- Helpers use clarification responses to determine the accuracy of messages as they are received and processed.

Steps in Clarifying

1. Identify content of the client's verbal and nonverbal message- what has client said?
2. Identify vague or confusing parts of message that need to be checked out for accuracy or elaboration
3. Construct the clarification as a question "Could you describe?", "Could you clarify?"
4. Assess effectiveness of clarification by listening to and observing client's response
5. If clarification has been useful, client will elaborate on ambiguous or confusing part of message

Listening for Facts and Feelings

- Each client message expresses (directly or indirectly) some information about client situations or concerns and client feelings.
- ***Content***-the cognitive portion of the message.
- ***Affective***- the expression of feelings or emotional tone of the message.
- Clients may express feelings via nonverbal behaviors.
- Facial cues and vocal indicators reveal client emotions.

Paraphrasing

- ***Paraphrase***-rephrasing of the client's primary words and thoughts.
- **Selective attention** to the content part of the message and translating the client's key ideas into *your own words.*
- The rephrase should be carefully worded to lead to further discussion or increased understanding by the client-not simply parroting the client's words.

Purposes of Paraphrasing

1. Lets clients know they have been understood
2. Encourages client elaboration of key idea or thought
3. Helps client focus on particular situation, event, or idea
4. Often helpful to clients who have decision to make; repetition of key ideas and phrases clarifies essence of problem
5. Also useful when emphasizing content if attention to affect is premature or counterproductive

Steps in Paraphrasing

1. Attend to and recall message by restating covertly-
   what has client conveyed?
2. Identify content part of the message by asking "What situation, person, object, or idea is discussed in this message?"
3. Select appropriate beginning or sentence stem for paraphrase
4. Translate key content or constructs into own words and verbalize as a paraphrase
5. Assess effectiveness of paraphrase by listening to and observing the client's response

Reflection and Basic Empathy

- The **reflection of feelings** is used to rephrase the ***affective* part** of the message.
- Reflection adds an emotional tone or component that is lacking in a paraphrase.

Purposes of Reflection

- **Reflection** assists clients in:
- Addressing and defusing inevitable misunderstandings that arise in the course of the helping process.
- Discriminating accurately among various feelings (depressed or anxious?)
- Managing feelings
- Expressing feelings
- Feeling understood

Verbal Means to Convey Empathy

- Demonstrate desire to comprehend
- Discuss what is important to the client
- Use verbal responses that refer to client feelings
- Use verbal responses that bridge or add on to implicit client messages

Steps in Reflecting Feelings

- Listen for feeling or affect words in client messages
- Watch nonverbal behavior while verbal message delivered
- Reflect feelings back to client, using different words that accurately match not only type of feeling but also intensity
- Start reflection statement with appropriate sentence stem
- Add context or situation around which the feelings occur in form of brief paraphrase
- Assess the effectiveness of reflection after delivering

Summarization

- Client's messages contain certain consistencies or patterns- ***themes***.
- Themes indicate what the client needs to focus on in the helping sessions.
- The counselor can respond to client themes by using a summarization response.
- ***Summarization*- **two or more paraphrases or reflections that condense the client's messages or the session.

Purposes of Summarization

1. Tie together multiple elements of client messages.
2. Identify a common theme or pattern that becomes apparent after several messages or sometimes after several sessions.
3. Is an important focusing tool that brings direction to the interview.
4. Slow the pace of a session that is moving too quickly.
5. Review progress that has been made during one or more interviews.

Steps in Summarizing

1. Attend to and recall message or series of messages- what has the client been focusing and working on?
2. Identify apparent patterns, themes, or multiple elements of messages
3. Select sentence stem and description of apparent theme and weave together in summarization response
4. Construct in statement form rather than question
5. Assess effectiveness by listening for and observing whether the client confirms or denies the theme

Listening to Diverse Groups of Clients

- Listening process varies depending on client's age, ethnicity, gender, and language(s) spoken
- Active listening can be a useful way to establish rapport with children and adolescent clients (Henderson & Thompson, 2011).
- Elderly clients who lack social contact often long for a caring listener in their lives
- Issues in listening and understanding can arise when cultural differences in proxemics are ignored.
- Kinesics appear to be culturally conditioned to some degree.
- Volume, pitch, intensity, and frequency of speech are influenced by culture (**paralinguistics**).

Listening Distractions

- **Filtered listening** involves labels and biases and a temptation to look for corroborative behaviors while listening to client
- When clients detect ***filtered listening*** they often feel unsafe and shut down
- Sullivan (2004) describes three obstacles to deep listening:

1. *playing tapes*
2. *checklist listening*
3. *tension*

Chapter Summary

- Listening to clients is a very powerful reinforcer and may strengthen clients' desire to talk about themselves and their concerns.
- Listening to a client may mean a greater chance of responding accurately to the client in later stages of helping, such as problem solving.
- Listening encourages the client to assume responsibility for the topic and focus of an interview.
- Good listening and attending skills model socially appropriate behavior for clients.

Chapter 5

Influencing Responses

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Learning Outcomes

1. From a list of 12 counselor influencing responses, identify the 6 responses by type, with at least 9 accurate classifications.
2. From a list of three client statements, write examples of six influencing responses for each client statement.
3. While observing a 30-minute helping interview, listen for and record six key aspects of client behavior that form the basis for influencing responses.
4. Conduct at least one 30-minute helping interview that integrates ethics, critical commitments, multicultural competencies, nonverbal behavior, relationship variables, listening and influencing responses.

Listening Versus Influencing

- **Listening** responses involve responding to client messages primarily from client’s point of view
- There are times in helping process when legitimate to move beyond client’s frame of reference to use responses that include clinician-generated data and perceptions
- **Influencing responses** are active rather than passive and reflect helper-directed more than client-centered style

Influencing Responses and Timing

- The most difficult part of using influencing responses is timing.
- Influencing responses are considered more directive.
- Client-related variables that impact the timing and effects of influencing responses include ***reactance*** and ***race and ethnicity***.
- With highly reactant behavior, usually less directive responses are associated with better outcomes.

Six Influencing Responses

1. Questions
2. Interpretations (= additive or advanced empathy)
3. Information giving
4. Immediacy
5. Self-disclosure
6. Confrontation

Open Questions

- Most effective questions are worded as open-ended- ***what, how, when, where,*** or ***who***.
- Research has shown that "**what**" questions tend to elicit facts and information.
- "**How**" questions are associated with sequence and process or emotions.
- "**Why**" questions produce reasons.
- "**When**" and "**where**" questions elicit information about time and place.
- "**Who**" questions are associated with information about people.

Closed Questions

- **Closed (focused) questions** -useful if the practitioner needs a particular fact or seeks a particular bit of information.
- Begin with words such as ***is, are, do, did, can,*** and ***which****.*
- They can be answered with “yes,” “no,” or a short response.
- Too many closed questions may discourage discussion.

Purposes of Open-Ended Questions

- Beginning an interview
- Encouraging the client to convey more information
- Eliciting examples of specific behaviors, thoughts, or feelings.
- Developing client commitment to communicate by inviting the client to talk and focus interaction

Purposes of Close-Ended Questions

- Narrowing the area of discussion by asking the client for a specific response
- Gathering specific information
- Identifying parameters of concerns
- Interrupting an overly talkative client who rambles or “storytells”

Guidelines for the Use of Questions

- Develop questions that center on client's concerns and arise from what client has already said, not from helper's curiosity or need for closure
- Allow client sufficient time to process and respond
- Avoid ***stacking***- ask only one question at a time
- Avoid accusatory or antagonistic questions (use *what* instead of *why*)
- Don't rely on questions as primary response mode
- Questions are most effective when they provoke new insights and yield new information

Four Steps in Formulating Questions

1. What is the purpose of my question, and is it therapeutically useful?
2. Can I anticipate the client’s answer?
3. Given the purpose, how can I start the wording of my question to be most effective?
4. How will I know whether my question is effective?

Information Giving and Purposes

- ***Information giving***-communication of data or facts about experiences, events, alternatives, or people.
- Information is necessary when clients do not know their options.
- Helpful when clients are unaware of possible outcomes of a particular choice or plan of action.
- Help clients examine issues they have been avoiding.
- Provide clients with structure at major transition points in the helping process such as beginnings and endings.

Ground Rules for Giving Information

- A helper should consider: (1) when to give information, (2) what information is needed, and (3) how the information should be delivered.
- Information is useful if it is something clients are not likely to find on their own.
- The information should be discussed in a way that makes it usable to the client.
- Make an effort to promote client understanding of the information (avoid jargon).
- Consider using digital media for giving information.

Steps in Information Giving

1) What information does this client lack about the issue?
2) Based on the client's ethnic, racial, and cultural affiliations, is this information relevant and appropriate?
3) How can I best sequence this information?
4) How can I deliver this information so that the client is likely to comprehend it?
5) What emotional impact is this information likely to have on this client?
6) How will I know whether my information giving has been effective?

Self-Disclosure

- **Self-disclosure**-the revelation of personal information about the helper to the client.
- Direct is intentional revelation of helper personal information or experience via self-disclosing statements.
- ***Unintentional* disclosures** can occur when a client observes or discovers something about the clinician.
- Self-disclosure can build rapport and foster therapeutic alliance by increasing **helper's authenticity, promoting feelings of universality**, and **increasing trust**.
- Various racial and ethnic groups may depend on some helper self-disclosure in order to feel safe.

Ground Rules of Self-Disclosure

1. Hepworth and colleagues (2013) suggest that self-disclosure in most instances is not useful until rapport has been established with the client.
2. Moderate amount of disclosure has more positive effects than no disclosure or too much disclosure.
3. Extended periods of helper disclosure will consume time that could be spent in client disclosure.
4. Try to make your statements similar in content and mood to the client’s messages

Steps in Self-Disclosure

1. What is my reason for disclosing now? Is it linked to the client's needs and statements rather than to my own needs and projections?
2. What do I know about this client and the nature of the client's problems and diagnoses? Can this client use the self-disclosure?
3. How do I know if the timing is right for using self-disclosure with this client?
4. How will I know if my self-disclosure is effective?

Immediacy

- **Immediacy** is limited to self-disclosure of ***current feelings*** or what is occurring at the present in the relationship or the session.

Purposes

1. Bring up something that you feel about yourself, about the client, or about the relationship.
2. Generate discussion or provide feedback about some aspects of the relationship or the interactions.
3. Help clients gain awareness of their relationships to other people and issues that may be causing problems for them with other people.

Ground Rules and Client Reactions

1. Offer observations in the moment
2. Frame feedback in present tense
3. Take responsibility for feelings and perceptions by using personal pronoun *I, me,* or *mine*
4. Avoid extensive use of immediacy early in relationship
5. Reserve immediacy for initiating exploration of most significant or influential feelings or issues
6. Ensure that immediacy response not reflection of counter transference experiencing
7. Consider cultural appropriateness

Steps in Immediacy

1. What is going on right now (in me, with the client, in the process and interaction between us) that needs to be addressed?
2. How can I formulate an immediacy response that addresses this issue in the 'here and now'?
3. How can I describe the situation or behavior in a descriptive rather than an evaluative way?
4. How can I identify the specific effect of this situation or behavior?
5. How will I know if my immediacy response is useful to the client?

Interpretations

- ***Interpretation*** -a statement —based on the helper’s hunches—identifies behaviors, patterns, goals, wishes, and feelings that are suggested or implied by the client’s communication
- Identify patterns between clients’ explicit and implicit messages and behaviors
- Help clients examine behavior from different frame of reference in order to enhance understanding of problem
- Promote insight

Ground Rules for Interpreting

1. Interpretations need to be offered in the context of a safe and empathic contact with the client.
2. In most cases, interpretations should be phrased tentatively.
3. Must be congruent with the client's cultural affiliations.
4. Interpretations that are congruent or slightly discrepant from the client's viewpoint are most likely to prompt change.

Steps in Interpreting

1. What is the implicit part of the client's message?
2. Is my view of this issue culturally relevant for this client?
3. How will I know whether my interpretation is useful?

Confrontation/Challenge

- ***Confrontation, also known as challenge*** -an influencing response where the helper describes discrepancies, conflicts, and mixed messages apparent in the client's feelings, thoughts, and actions.

Purposes

- Help clients explore other ways of perceiving themselves or an issue.
- Help clients become more aware of discrepancies or incongruities in thoughts, feelings, and actions.

Ground Rules for Challenging

- Be aware of your own motives for challenging at any particular time.
- To avoid blame, focus on the incongruity as the problem, not on the person.
- Before a helper confronts a client, rapport and trust should be established.
- Try to offer the confrontation at a time when the client is likely to use it (timing).

Client Reaction to Challenges

- Four general types of client reactions to confrontation: **denial**, **confusion**, **false acceptance, genuine acceptance.**
- In one study, clients who appeared to benefit most from confrontation included those who had been manipulative or were avoiding difficult material.
- Clients with trust issues or oppositional behaviors, confrontation can produce resistance and lead to poorer outcomes
- General rule following confrontation is to follow up with basic empathy and go back to the client-oriented listening responses of paraphrase and reflection.

Steps in Confronting

1) What discrepancy or distortions do I see, hear, or grasp in this client's communication?
2) What is my purpose in confronting the client, and is it useful for this client at this time?
3) How can I summarize the various elements of the discrepancy or distortion?
4) How will I know whether my confrontation is effective?

Chapter Summary

- Influencing responses provide alternative ways for clients to view themselves and their world.
- According to Egan (2010), helper statements that move beyond the client's frame of reference are a "bridge" between listening responses and concrete change programs.
- Some culturally diverse groups value influencing responses because they are more directive in nature than listening responses.
- For clients who are highly reactant, the directness reflected in influencing responses may thwart therapeutic progress.

Chapter 6

Assessing and Conceptualizing Client Problems and Contexts

Interviewing and Change Strategies for Helpers

Cormier, Nurius, and Osborn

Learning Outcomes

1) Identify each of the following, in writing, using a client case description:

a. The client’s behaviors
b. Whether the client’s behaviors are overt or covert
c. The client’s individual and environmental strengths and resources
d. Antecedent contributing conditions
e. Consequences and secondary gains
f. The way each consequence influences the behaviors
g. The developmental context of the issue
h. The sociopolitical and cultural context of the issue

2) Given a role-play interview, you will be able to conduct a history-taking session with the client.

What is Clinical Assessment?

- Helping client tell and develop a story.
- Story involves: why client seeking help now, what client wants, and how to help the client get there.
- Helper’s tasks include: **identifying what information to obtain and how; integration, synthesis, and analysis of client material; generation of clinical hunches or hypotheses.**
- ***Conceptualization***-the way the helper *thinks* about the client’s presenting concerns.

Assumptions about Therapeutic Assessment

- ***Role of Learning***-Undesired (maladaptive) behavior is developed, maintained, and subject to modification.
- ***Role of Neurobiology***-Physiological variables should always be explored in the client's story. Many psychological disorders have a biological component.
- ***Role of Human Development***-Some basic understanding of the client's developmental history and current developmental transitions.
- Provides information on predisposing factors and protective factors.

Assumptions about Therapeutic Assessment (cont'd)

- ***Role of Social Context and Culture***-crucial to note how the client's behavior affects the environment and vice versa.
- ***Ecological View***-assessment includes an individual and contextual focus, including key social settings, events, and resources.

Bioecological Systems Theory
(Bronfenbrenner & Evans, 2000)

- ***Microsystem***-consists of activities and interaction patterns in the person's immediate surroundings (family, school, work, or neighborhood).
- ***Mesosystem***-comprises two or more microsystems; focuses on the inter-relationships between the microsystems.
- ***Exosystem***-larger social system which impacts the person more indirectly (extended family, formal organizations).
- ***Macrosystem***- overarching system of customs, cultural values, laws, and resources considered important in the individual's culture.

The Person-In-Environment (PIE)

- Assessment /Classification system developed by Karls and Wandrei (1994) to understand interrelationships between client and environment.
- The **PIE** assesses these four factors for adult clients (Karls & O'Keefe, 2008):

Factor I: Social Functioning Problems and Strengths

Factor II: Environmental Problems and Strengths

Factor III: Mental Health Problems and Strengths

Factor IV: Physical Health Problems and Strengths

Assumptions about Therapeutic Assessment

- ***Role of Strengths***- listening for strengths and resilience as well as assessing resources.
- ***Role of Evidence***-evidence-based helping relationships, treatments, and assessments.
- **Evidence-assessment** (EBA) uses research and theory in choosing variables to be assessed, methods and measure to be utilized, and way the assessment unfolds (Hunsley & Mash, 2010).

Assessment

1. ***Reliability***-produces the same results consistently.
2. ***Validity***-how well something measures what it is supposed to measure.
3. ***Incremental Validity***- extent to which one measure adds information above what is available through other measures.
4. ***Content Validity***- ensuring that the assessment measures things most germane to the individual client.

Functional Assessment

- Assessing and conceptualizing clinically relevant behaviors within their historical and current context.
- **Functional assessment** helps determine the ***functions*** of the client's presenting issues.
- Goal is to generate causal hypotheses from information about behaviors, antecedents, and consequences.
- ***ABC Model-behavior*** is influenced by preceding events (***antecedents***) and by some type of events that follow behavior (***consequences***).

Behavior: External and Internal

- ***Overt behavior***-behavior that is visible (verbal, nonverbal, or motoric behavior).
- ***Covert behavior***-internal-must rely on the self-report of the client and nonverbal behaviors (thoughts, feelings, body sensations).
- ***Affective***-feelings, mood states
- ***Somatic***-physiological and body sensations
- ***Behavioral***-what the client does or doesn't do
- ***Cognitive***-thoughts, images, beliefs, schemas
- ***Contextual factors***-such as time, place, gender, culture, environmental event.
- ***Relational factors***-presences or absence of other people

Antecedents

- Behaviors tend to occur only in certain situations.
- May elicit emotional and physiological reactions.
- Influence behavior by either increasing or decreasing its likelihood of occurrence.
- ***Stimulus events***-occur in immediate temporal proximity to the specified behavior.
- ***Setting events***-temporally distant from the specified behavior.
- Categories: affective, somatic, behavioral, cognitive, and relational.

Consequences

- Events that follow a behavior and exert some influence on the behavior.
- ***Rewards***-positive consequences
- ***Punishers***-negative consequences
- Positive consequences often maintain or strengthen behavior through positive reinforcement.
- **Secondary gains**-behaviors that have some payoffs, even if the behavior is very dysfunctional
- **Negative reinforcement**-removal of an unpleasant event following the behavior

Consequences (cont'd)

- **Negative reinforcement** may establish avoidance and escape behaviors.
- ***Avoidance***-when an ***expected*** unpleasant event is removed.
- ***Escape***-a negative (unpleasant) event *already occurring* is removed or terminated.
- Categories of consequences may be ***affective, somatic, behavioral, cognitive, contextual*** **and/or** ***relational***

Consequences (cont'd)

- ***Gradient of Reinforcement-*** consequences that occur soon after the behavior are likely to have a stronger impact
- Important to identify consequences that maintain, increase, or decrease both desirable and undesirable behaviors in assessment phase.
- Knowing consequences will assist in selection of change strategies.
- Antecedents, consequences, and components must be assessed and identified for each particular client.

Chain Analysis

- ***Chain Analysis***—blow-by-blow description of chain of events leading up to and following the behavior (Linehan and Dexter Mazza , 2008).

1. Specific problem behaviors.
2. Specific precipitating event.
3. Vulnerability factors before the precipitating event.
4. Excruciating details of the chain of events.
5. Consequences of the problem behavior.
6. Details of different solutions to the problem (prevention and coping strategies).

Diagnostic Classification

- Diagnostic system most frequently used in the United States is the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5).*
- Descriptions of various mental and psychological disorders broken down into categories within 20 major diagnostic classes.
- Disorders are classified into:
- **Internalizing disorders**-such as anxiety and depression.
- **Externalizing disorders**-involve conduct and impulse control issues and substance use.

DSM-5

- Unlike the previous editions is a non-axial system.
- Clinician lists the primary diagnosis first/the diagnosis that is the focus of attention.
- Secondary diagnoses is listed below the primary diagnosis.
- Any other disorders that are not mental disorders are listed third (psychosocial and environmental problems)

Limitations of Diagnosis

- Labels not well defined and do not describe what clients do or don’t do
- Clients receiving the same diagnosis are likely to be quite heterogeneous
- Diagnostic labeling carries potential for stigmatization
- Feminist therapists argue that traditional diagnosis overlooks distress as manifestation of social and cultural forces such as oppression
- Underrepresented and marginalized tend to be over diagnosed, under diagnosed, or misdiagnosed

Mental Status Examination

- Assesses current mental functioning of the client.
- Categories covered in a mental-status exam:
- ***general description and appearance of the client***
- ***mood and affect; perception; thought processes;***
- ***level of consciousness; orientation to time, place, and people; memory; and impulse control***.
- Some clinicians believe the mental status examination should never be used with culturally diverse clients due to potentially invalid conclusions (Sommers-Flanagan & Sommers-Flanagan, 2009).

Diagnostic Interview

- Used to assess for clinical disorders
- Diagnostic interviews may be **unstructured, semi-structured, or structured**
- **Unstructured**: no standardization or questions or responses
- **Semi-structured**: specific questions but the practitioner can use follow-up questions
- **Structured**: standardized list of questions, standardized sequence of questioning, with follow-up questions, as well as a systematic rating of client responses

Sensitive Subjects and Risk Assessment

- Specific subjects that may fall into the category of sensitive topics:

(1) suicidal thoughts and behavior

(2) homicidal ideas and violent behavior

(3) substance use, including alcohol, street drugs, and prescribed medications

(4) sexual issues, including sexual orientation, sexual practices, and sexual problems

(5) physical, emotional, and sexual abuse, both historic and current

Harm to Self

- **Potential key risk factors**:
- Depression (particularly hopelessness)
- Perceived burdensomeness
- Substance abuse
- History of trauma and victimization
- Prior attempts

Risk Factors for Self-Harm

- **Warning signs**: suicidal thoughts (“ideation”), having a plan and the means to carry it out, expressions of meaninglessness or lack of purpose, relationship losses, notable changes in behaviors, and giving away of possessions (Sommers-Flanagan & Sommers-Flanagan, 2009).
- **Top three warning signs**: threat to hurt or kill oneself, an attempt to find a means to hurt or kill oneself, and talking or writing about hurting or killing oneself.

Cultural Issues in Intake and Assessment

- In some cultural groups, there is a sanction against revealing personal information to someone outside the family.
- Clients' perceptions of what is socially undesirable behavior and perceptions of psychological distress may reflect cultural values.
- Some information from an intake interview and mental-status exam can have cultural meanings that are unknown to the clinician.

Chapter Summary

- An important part of assessment is the helper's ability to conceptualize client concerns.
- Major part of assessment occurs early in the helping process, however identification of client's concerns occurs throughout the process.
- Both assessment and diagnosis are subject to gender and cultural bias.