

The Clinical Interview and Programmatic Intake Process

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The Clinical Interview

General Interview Considerations¹

When an immigrant or refugee presents for services, the service provider may or may not know whether the individual has experienced significant traumatic events and what impact such experiences have had on the physical, psychological and social well-being of the individual (Keller, Eisenman, & Saul, 1998). As evident from Chapter 1 of this book, however, such events are tragically all too common. For individuals from troubled areas of the world, such as Darfur, the Democratic Republic of Congo (the former Zaire), Tibet, Sierra Leone, the former Yugoslavia, or Afghanistan, where violence and trauma have been endemic, it is likely that almost everyone has been exposed (directly or indirectly) to horrific experiences.

Interviews in which a trauma victim recounts the events of his/her abuse can be extremely stressful and re-traumatizing for the individual (Iacopino, Allden, & Keller, 2001). Discussing such events may result in exacerbation of physical and psychological symptoms for the individual. Thus, it is essential that interviewers use judgment about how much information is needed about the traumatic events.

For example, an asylum attorney assisting a client in preparing an affidavit for his/her asylum application may require great detail about

² The first several sections draw extensively on materials from the following reference: Iacopino, V., Allden, K., & Keller, A.S. (2001). *Examining asylum seekers: A health professional's guide to medical and psychological evaluations*. Boston, MA: Physicians for Human Rights.

traumatic events experienced. Even here, however, there can be limits on how much detail is required, for example in the case of someone who was repeatedly tortured or raped, it is not necessary, nor perhaps appropriate to try and elicit all of the details about every single episode. Conversely, a primary care physician conducting an initial evaluation with a refugee or individual already granted asylum may not require the same level of detail. Some information, however, about why an individual had to leave their country and what traumatic events were experienced is still useful. In the examination of KH, the Tibetan woman described at the beginning of Chapter 1, her history of torture and abuse was certainly relevant to addressing her back pain.

When interviewing immigrants and refugees who may have suffered traumatic events, it is important to give them a sense of control over what they do or do not wish to share. Even if it is important to learn more about traumatic events, it may take several visits to establish a rapport and elicit a history of the traumatic events.

Every effort should be made to accommodate any preference the client may have regarding the gender of the clinician and the interpreter. In certain cultures, or situations, such as when an individual has experienced sexual assault, gender issues may be of even greater importance (Briere & Scott, 2006).

Listening to accounts of torture/trauma can be very stressful for interviewers as well (see Chapter 13). Awareness of secondary trauma and taking steps to prevent this is important in continuing to be able to work effectively with refugees and torture survivors.

In eliciting a trauma history, it is important to appreciate that there is great variability in the manner in which survivors of torture/trauma conduct

themselves in interviews and in recounting the events of their abuse. For example, some survivors will react with great emotion and frequently become tearful. Others will appear extremely calm or detached, describing the events as if this had happened to someone else. There is also variability with regards to the degree of physical and psychological symptoms or consequences which a survivor of torture or refugee trauma will manifest (Iacopino et al., 2001).

Additionally, there is often variability in the amount and detail of information which an individual will recall with regards to the events of the trauma (Weinstein, Fucetola, & Mollica, 2001). This is often the case when an individual was subjected to repeated episodes of torture/abuse. The events of a particular episode may begin to blur. Individuals may have been detained under conditions in which they lose a sense of time and/or place. For example, individuals may have been kept blindfolded or held in solitary confinement in a dark cell, or reduced to a very weakened and confused state as a result of being deprived of food, water, or sleep.

Preparation for the Interview

In preparation for the interview, it is useful to review available background documents/information, such as notes from service providers in the client's native country or the client's asylum application, if these are available. Adequate time should be set aside for conducting interviews, particularly if an interpreter is required. One should also try to anticipate, and when possible, address possible barriers to effective communication. Barriers to communication can drastically influence the value and process of an interview (Iacopino et al., 2001). Possible barriers to communication include:

1. Environmental barriers, such as a lack of privacy, excessive noise, an uncomfortable interview setting, interruptions in the interview, inadequate time for interview.
2. Physical barriers, such as pain or other discomfort the individual may be experiencing as a result of his/her abuse or unrelated medical problems. For example, musculoskeletal pain, physical symptoms such as sweating or palpitations the client might experience as a result of emotional reactions, difficulty sitting for prolonged periods, fatigue, sensory deficits such as blindness or deafness.
3. Psychological barriers, such as fear/anxiety, mental health disorders such as depression, post-traumatic stress disorder or cognitive deficits, and
4. Socio-cultural barriers, such as the gender of the interviewer (particularly important with victims of sexual assault), cultural/racial differences between the interviewer and the client, and language issues, including appropriateness and accuracy of interpreter.

Conducting the Interview

While there are a variety of specific reasons for conducting interviews with torture survivors and refugees, three broad tasks of the interview to consider are information gathering, emotion handling and providing information. Regardless of the purpose of the interview it is important to pay attention that all three of these tasks are addressed during the course of the interview.

Establishing rapport with a patient/client is essential for obtaining accurate and needed information and being able to move forward with a plan of action. Adequate time should be allowed for the interview. The interview should take place with appropriate privacy. The immediate needs of the patient and any possible barriers to communication should be addressed (see above).

It is important to clarify and perhaps negotiate the purpose of the interview. The service provider may have a specific agenda for what needs to be learned. The client may have different expectations of what they hope to achieve from the interaction. Clarification and appropriate negotiation of the goals should happen up front. Issues regarding time limitations should be clarified as well.

Care providers have a duty to maintain confidentiality of information and to disclose information only with the client's consent. If the individual is cared for by a multidisciplinary team with sharing of information, the client should be informed of this. Any concerns about confidentiality/privacy should be addressed.

Demonstrating genuine interest in the client's culture and engaging him/her as a valuable resource in teaching you about their culture can be an effective means of establishing rapport. Opening the interview in a respectful and courteous manner can set the tone for future interactions. As noted above, addressing issues of safety, confidentiality and trust are essential in effectively gathering information. Detecting and addressing barriers to communication is also important. Explanation of what information is needed and why can be very important. Acknowledgement of the potential difficulties of sharing this information should also be addressed.

If there is a need to obtain a history of traumatic events, there should be an acknowledgement of the potential difficulties and stresses. It is important to appreciate that the interview process of obtaining a trauma history, particularly for a torture survivor, may remind him/her of being interrogated, and thus evoke strong negative feelings toward the clinician, such as fear, helplessness, and anger. Feelings of shame about prior events, or fear of persecution, or guilt about friends/loved ones left behind can generate strong emotions from the individual.

In order to elicit an accurate account of abuse, clinicians must work to create a climate of trust where disclosure of information, perhaps for the first time, is able to occur. Earning trust of individuals who have suffered significant trauma requires effective communication, empathy and honesty. Active listening is essential. This entails a concerted effort to hear the patient and make the patient feel heard.

Whenever possible, one should utilize open-ended questions (example: “Can you tell me about why you needed to leave your country?” “Tell me more about that”). The individual should be allowed to tell his/her story in their own words with as few interruptions as possible. This may result in a more accurate and detailed disclosure of information than moving too quickly to a rapid-fire form of questioning, which, in fact, mimic interrogation. Further details can be elicited with appropriate follow up questions.

Providing the individual with a sense of control over the process (by such methods as informing the individual that they don’t have to answer any questions they don’t want to, or giving them control over the flow of the interview by allowing them to take periodic breaks), is important (Fabri, 2001). The torture or refugee experience often focuses on loss of control.

Thus efforts at showing respect and providing the individual with a sense of control are important.

Disclosing events of trauma may generate strong emotions for both the patient/client and the interviewer. Effective verbal and non-verbal communication, are important factors in an interview. Acknowledging to the individual how difficult it is to discuss traumatic events can serve to validate the feelings of the individual. Non-verbal communication including body posture, eye contact, and perhaps a gentle touch on the hand, if appropriate, are important in rapport building. Active listening requires appropriate pauses, and allowing for some periods of silence. This can serve as an acknowledgment of the intimacy of the information shared.

Prior to completing the interview, it is important to ask the individual if there is any additional information that he/she would like to tell you. For example, “You have told me a great deal about yourself, is there anything else that would be useful for me to know?” Adequate time should be allowed for the individual to ask questions and questions should be encouraged. For example, rather than asking “Do you have any questions,” ask “What questions do you have for me?” Follow up plans including referrals, follow up visits and additional actions to be taken should be negotiated and clarified.

In summary, while there are many potential difficulties in interviewing survivors of torture and refugee trauma, when conducted appropriately, such interviews can provide critical information necessary for effectively caring and advocating for the individual. Along these lines, we will present information regarding the structure of our intake interview protocol for all applicants to the Program for Survivors of Torture.