Contents

PART I: FUNDAMENTALS OF INTERVIEWIN	NG
1. Interviewing: The Principles Behind the Art	3
2. The Dynamic Structure of the Interview	55
3. Nonverbal Behavior: The Interview as Mime	135
4. The Treatment Plan: Listening to the Data Base	179
PART II: THE INTERVIEW AND PSYCHOPATHOLOGY	
5. Interviewing Techniques in Depression and Other-Affective Disorders	213
6. Interviewing Techniques While Exploring Psychosis	267
7. Personality Disorders: Reflections of the Social History	341
PART III: ADVANCED TECHNIQUES OF INTERVIEWING	
8. Exploring Suicidal and Homicidal Ideation	409
9. Vantage Points: Bridges to Psychotherapy	443
10. The Art of Moving with Resistance	499
Appendix I: Supervision Utilizing	
Facilic Analysis	543
Glossary of Interview Supervision Terms	547
Index	555

Page numbers in italics refer to illustrations; page numbers followed by (t) refer to tables.

Abdominal discomfort, in symptom complex accompanying epilepsy, 315 Abraham syndrome, 413 Active world, shrinkage of, in depression, Adjustment disorder, vs. depression, Adolescence, and suicide risk, 411 Affect, 458 blunted, 284 description of, on mental status report, flat, in schizophrenia, 283–284 inappropriate, in schizophrenia, 283resistance-handling based on, 511 Affective disorders, vs. schizophrenia, 286 Affiliative behaviors, 164 Age, and suicide risk, 411 Agitated depression, 250 nonverbal behavior in, 148 Agitation, as sign of potential for violence, 173 psychotic, vs. akathisia, 323-324 Akathisia, 321-324 Alcohol abuse, and depression, 229 and potential for violence, 171 and suicide risk, 414 Alcohol withdrawal, 277-279 Alien control, perceived in psychosis, and suicide risk, 413 Aloneness, fear of, 204 Alzheimer's disease, 292 Amnesia, with analgesia and ataxia, in Auditory hallucinations, 324-326 patient using PCP, 280 Anger, as form of resistance, 539-541 and suicide risk, 411-412

in depression, 255

311-312

Anhedonia, 221-222, 244, 286

Anticholinergics, effects of, 281-282,

Antidepressants, responsiveness to, 244

Animation, in interview, 470

Antisocial personality disorder, 357-358 probe questions for, 389 sample interview of patient with, 375-378 Anxiety, and psychosis, 294 in interview, 45, 46, 47, 168-169 mental status examination and, 115 personality disorders marked by, 354probe questions for, 388 physical signs of, 150 Anxiety prone personality disorders, 354-356 probe questions for, 388 Appearance, description of, on mental status report, 451-452 Assessment interview. See Interview. Associational responses, of interviewer, Associations, loosening of, 453-454 Assumptions, gentle, 548 Ataxia, with analgesia and amnesia, in patient using PCP, 280 Attempted suicide, and ultimate suicide risk, 411, 416, 424-425 family or friends of patient as source of information on, 415 questioning of patient about, in interview, 430 Attention, tests of, 305-306 Attention deficits, in delirium, 305, 306 Attentional vantage points, in interview, 444, 444, 447-477 Attributive empathic statement, 21-22 Atypical depression, 232

Aura, in epilepsy, 315

Auto-contact behavior, 158

probe questions for, 388

also DSM-III-R criteria.

Avoidant personality disorder, 355-356

Axes of DSM-III-R, 185-192, 186. See

Axes of DSM-III-R (Continued) problems with personality disorder categories on, 363-368 Axes of empathic statement, 18-23 Bandler, R., on communication, 154 on deep and surface structure of language, 462-465 Barrett-Lennard, G.T., on empathy, 14 Beck, A., on cognitive changes in depression, 251-252 on hopelessness in depression, 254 Behavior, affiliative, 164 auto-contact, 158 description of, on mental status report, 451 - 452nonverbal, 135-176 as indicator of blending, 163, 164 communication of empathy by, 25 effect of, on guarded patient, 165 in depression, 148 in schizophrenia, 147-148 of interviewer, 167-170 in interaction with potentially violent patient, 171, 175, 176 of violence-prone patient, 173-174 variations in, with type of interview, resistance-handling based on, 511 Behavioral incident, 39-41 Bereavement, vs. depression, 240 Bipolar disorder. See also Mania. mixed presentation of, 228-229 vs. schizophrenia, 286 Blended expansion, 106-108 Blending, 9, 547 nonverbal behavior as indicator of, 163, 164 objective assessment of, 10-11 duration of utterance (DOU) in, 10, percentage of interruptions in, 10, 11 reaction time latency (RTL) in, 10, patient's report on, 12 subjective assessment of, 10 unipolar, 11, 554 vs. engagement, 9 Blocking of future, in depression, 250, 253 Blocking of thought, 454 in psychosis, 327 Blunted affect, 284

Body language. See Behavior, nonverbal.

Body movement, 141-142

probe questions for, 389 sample interview of patient with, 399-402 vs. depression, 236 Borderline structure, personality disorders included by Kernberg in, 488 Boss, M., and Daseinsanalysis, 50 Brain tumor, paranoia in patient with, Broadcasting of thought, in psychosis, 320 Calming, of potentially violent patient, 175, 176Carroll, L., depiction of unexpected resistance by, 499 Catatonia, 318-319 Certainty, implied by empathic statement, 18-19 Character disorder. See Personality disorder. Chess, S., on personality development, Circumstantial thought, 453 Clérambault's syndrome, 291 Closed-ended questions, 78, 79(t), 547 Closed-ended statements, 78, 79(t) Closed-ended verbalizations, 78, 79(t) Cognitive examination, 97, 116-118, 459 aids to, 161-162 anxiety associated with, 115 Collegial supervision, and training in interviewing, 469 Command, gentle, 78, 79(t), 548 Command hallucinations, and suicide risk, 411-412 Communication, incongruent, 155, 156 nonverbal, 135-176 as indicator of blending, 163, 164 by interviewer, 167-170 in interaction with potentially violent patient, 171, 175, 176 by violence-prone patient, 173-174 effect of, on guarded patient, 165 expression of empathy by, 25 in depression, 148 in schizophrenia, 147-148 variations in, with type of interview, 76(t) Competence, challenging of clinician's level of, by resistant patient, 522-Compliance, with recommendations made in interview, 125

Borderline personality disorder, 360-361,

395-399, 402-405

Compulsive (obsessive-compulsive) personality disorder, 354 probe questions for, 388 Conceptual vantage points, in interview, 444, 478-497 Confrontation, in interview, 489-493 Consciousness level, description of, in mental status report, 459 fluctuations in, in patient with delirium, 305 Consistency, in interview, 32 Constructions (test), 306 Content interventions, as means of handling resistance, 508-509 Content regions of interview, 96-98, 547 expansion of, 105-108 symbol for, in facilic analysis, 543 Control, fear of loss of, 205 Controlling personality, and suicide risk, Cooperation, patients prone to resistance to, 535-538 Core pains, 202-206 and resistance, 504 Counterprojective techniques, 465-468 Countertransference, 14, 42, 49, 475 with psychotic patient, 331-334 with suicidal patient, 431-432 Courting reciprocal, 156, 157 Cross-sectional facilic analysis, 543 Crying, in depression, 259-260 Cue statement, 108, 111 Cultural bias, in DSM-III-R, 364 Cultural differences, in eye contact, 163 in interpersonal distances, 141 in paralanguage, 143 Cut-offs, nonverbal, 146, 147

Daseinsanalysis, 50 Data organization, 179-209. See also Information-gathering. core pains and, 202-206 DSM-III-R categories and, 184-192. See also DSM-III-R entries. systems analysis and, 194-202 Deception, clues to, 153-154 Deep structure, of language, 462-465 Defense mechanisms, in depression, 254-256 inclusion of, in diagnosis, 353 Kernberg on, 488 Déjà vu, 315 Delirium, 302-308 attention deficit with, 305, 306 cause(s) of, 308(t) alcohol withdrawal as, 277-279 anticholinergic drug use as, 281-282

Delirium (Continued) delusions with, 306 diagnosis of, 308 DSM-III-R criteria for, 303-304 EEG findings in patients with, 305 fluctuating level of consciousness with, 305 hallucinations with, 306 hyper- and hypoactive behavior accompanying, 305 quiet, 305 Delirium tremens, 277 delay in appearance of, 279 hallucinations in, 278 seizures preceding, 278 Delusion, 456, 457, 532-534 in delirium, 306 in schizophrenia, 284 life cycle of, 295, 296, 297 in evolution of psychosis, 297, 301 Delusional ideas, 297 Delusional mood, 295 Delusional paranoid disorder, 290-294 and homicide risk, 439 differential diagnosis of, 294 DSM-III-R criteria for, 290-291 organic causes of, 292 shared, 292 vs. schizophrenia, 292 Delusional perception, 295, 297 DeNerval, G., impressions of psychosis in last writings of, 267-268 Denial, of depression, 231 Dependent personality disorder, 355 probe questions for, 388 Dependent-dissatisfied personality, and suicide risk, 419-420 Depersonalization, in psychosis, 319 Depression, agitated, 250 nonverbal behavior in, 148 alcohol abuse and, 229 and paranoia, 255 and psychosis, 219, 232, 286 and suicide risk, 254, 413, 419, 423 anger in, 255 anhedonia in, 221-222, 244 atypical, 232 blocking of future in, 250, 253 case histories of, 215-216, 221-245 cognitive changes in, 250-254 crying in, 259-260 defense mechanisms in, 254-256 denial of, 231 diagnosis of, 230, 234, 240-241, 245 drug responsiveness in, 244 drugs inducing, 233 DSM-III-R criteria for, 217-219 dyadic system in, 256-260 endogenous, 244

Depression (Continued) family history in, 241-243 family system in, 260-262 framework for meaning in, 263-264 heaviness in, 247 helplessness in, 254, 257 hopelessness in, 254 ideational caging in, 250-251 immunity to logic in, 252 in schizophrenic patient, and suicide risk, 413 libido changes in, 223-224 loneliness in, 253 manic defenses against, 256 neurovegetative symptoms of, 222, 224 nonverbal behavior in, 148 organic causes of, 233 patient history in, 237-239 perception in, 249-250 physiological system in, 247-249 projection in, 255 psychological system in, 249-256 responsiveness to drugs for, 244 retarded, 250 nonverbal behavior in, 148 ruminations in, 455 self-blame in, 252 self-loathing in, 254 shrinkage of active world in, 250 sleep disturbances in, 222-223 spatial perception in, 250 temporal perception in, 249-250 thought content in, 253-254 thought process in, 250, 252, 253 vs. adjustment disorder, 240 vs. bereavement, 240 vs. borderline personality disorder, 236 Derealization, in psychosis, 319 Development, Kernberg's model of, 488 personality, 347 Developmental delay, 189 Developmental history, 97 Diagnosis, 182-184 Diagnostic and Statistical Manual of Mental Disorders, third edition, revised. See DSM-III-R entries. Diagnostic regions, 96 Dickinson, E., image of descent into psychosis in poetry of, 267 Digit span test, 306 Direct supervision, and training in interviewing, 469 Disease, and suicide risk, 419 Displacement activities, 151 as exhibited by interviewer, 168–169 Distance, interpersonal, 139-141 perception of, by violence-prone patient, 175

view, 10, 11, 76(t) Drug(s), depression-inducing, 233 psychosis-inducing, 280-282, 310(t)-311(t) Drug abuse, and suicide risk, 414 Drug withdrawal, 277-278 DSM-III, 351, 352 DSM-III-R, 184, 352 axes of, 185-192, 186 problems with personality disorder categories on, 363-368 case application of, 192-193 cultural bias in, 364 DSM-III-R criteria, for delirium, 303-304 for delusional paranoid disorder, 290-291 for depression, 217-219 for dysthymia, 219-220 for histrionic personality disorder, problems with, 364-365 for mania, 227-228 for narcissistic personality disorder, for personality disorders, 345, 348-350, 353 problems with, 363-368 for schizoaffective disorder, 287 for schizophrenia, 273-275 Duration of utterance (DOU), in interview, 10, 11, 76(t) Dyadic system, 196-197 in depression, 256-260 in psychosis, 331-334 in situations escalating toward violence, 170, 171 Dysgraphia, 306 Dysthymia, 245 DSM-III-R criteria for, 219-220 EEG results, in cases of delirium, 305 Egan, G., on consistency in interview, 32 Ego, porous, in psychosis, 320-321 Ego-challenging therapies, 482 Ego-dystonic behavior, 345 Ego-Function Assessment, 480 Ego-nurturing therapies, 482 Ego-stabilizing therapies, 482 Ego-syntonic behavior, 345, 346 Electroencephalography, results of, in cases of delirium, 305

Emotional responses, of interviewer,

471–476 Empathic noises, 25

Distortion, parataxic, 48-49

DOU (duration of utterance), in inter-

Domination reciprocal, 174

Empathic statement, 17-25, 79(t), 81 attribution (of qualities) implied by, 21 - 22axes of, 18-23 certainty implied by, 18-19 effect of, on guarded patient, 17-18, 23 frequency of, 24 intimacy implied by, 19-21 length of, 24 timing of, 24 Empathy, 13-14 Barrett-Lennard on, 14 definition of, 14 Havens on, 16, 25 Margulies on, 16 nonverbal communication of, 25 personality disorders marked by lack of, 356-360 probe questions for, 389 Rogers on, 14 somatic, 461-462 statement of, 17-25, 79(t), 81 attribution (of qualities) implied by, 21 - 22axes of, 18-23 certainty implied by, 18-19 effect of, on guarded patient, 17-18, frequency of, 24 intimacy implied by, 19-21 length of, 24 timing of, 24 vs. identification, 14 Empathy cycle, 14-26 patient's expression of feeling in, 14-15 recognition of, 15 conveyance of, 17. See also Empathic statement. patient's reception of, 25 patient's feedback on, 25 Endogenous depression, 244 Engagement, 9, 548 vs. blending, 9 weak, 12, 13 Engel, G.L., systems analysis approach Epilepsy, temporal lobe, 315 Erotomania, 291 Existential system (framework for meaning), 201-202 in depression, 263-264 in psychosis, 336-337 Expansion, blended, 106-108 natural, 549 split, 107 stilted, 105, 108, 553

Expertise, in interview, 33-37

External control, fear of loss of, 205 Eye contact, 145 cultural differences in, 163 Eye movements, in interview, 145, 147

Facial twitches, as sign of tension, 152 Facilic analysis, 543–546 Facilics, 548 Facilitory statements, 79(t), 81 Fact-oriented questions, 34-36 Failure, fear of, 204-205 Family history, 97 in depression, 241–243 Family system, 197–199 Family/friends, information-gathering from, in approach to schizophrenic patient, 285 of depressed patient, 260-262 of psychotic patient, 285, 334-335 of self-destructive patient, as source of information on suicide attempts, as support for patient, 416, 420 Fantasy material, in responses of clinician, during interview, 476 Fear, 203-206 interviewer's feelings of, 472, 473 Flat affect, in schizophrenia, 283-284 Flight of ideas, 454 Folie à deux, 292 Formal thought disorder, 453 Framework for meaning, 201-202 in depression, 263–264 in psychosis, 336-337 Free facilitation regions, 98–99 Friends/family, information-gathering from, in approach to schizophrenic patient, 285 of depressed patient, 260-262 of psychotic patient, 285, 334-336 of self-destructive patient, as source of information on suicide attenpts, 415 as support for patient, 416, 420 Furniture arrangement, in lay-out of office for interview, 160 Future blocking, in depression, 250, 253

Gates (transitions), 108–123
applied to problem interview, with
homicidal patient, 440
with psychotic patient, 328, 330
with suicidal patient, 428–429
implied, 121–122, 548

Gates (transitions) (Continued)

introduced, 549 manufactured, 113, 549 natural, 111-112, 112, 549 phantom, 120-121, 550 referred, 114-116, 118-120, 551 spontaneous, 108-110, 552 symbols for, in facilic analysis, 543 Gender differences, in potential for suicide, 411 Gentle assumptions, 548 Gentle commands, 78, 79(t), 548 Genuineness, in interview, 30-33 Glioma, paranoia in patient with, 292 Global Assessment Functioning Scale, 190 Grinder, J., on communication, 154 on deep and surface structure of language, 462-465 Group system, 199 Guarded patient, effect of empathic statement on, 17-18, 23 effect of nonverbal behavior on, 165 Gurdjieff, G.I., on self-awareness, 446 Hair, touching of, as disengaging displacement activity, 168 Hall, E., on hidden communication, 135 on interpersonal distances, 139-141 Hallucinations, 457

auditory, 324-326 and suicide risk, 411-412 drugs inducing, 280 in delirium, 306 due to withdrawal from alcohol, 278 in psychosis, 275-276, 292, 324-326 and suicide risk, 411-412 in schizophrenia, 275-276 Jaspers' criteria for, 324 Lilliputian, 276 malingering patient's report of, 325 tactile, 278 visual, 275-276 vs. illusions, 277 Hallucinogens, 280 Handwriting (test), 306 Hard signs of psychosis, 294-295, 296, 301, 301 elicitation of, in patient with soft signs of psychosis, 298 Havens, L., counterprojective techniques developed by, 465-468 on empathy, 16, 25 Head nodding, 164-165 Head trauma, and psychosis, 279, 309 Hearing loss, in patient with paraphrenia, 293 Heaviness, in depression, 247

learned, 257 Hesse, H., on perceptions of utility, 443 Hill, D., on nonverbal behavior, 144 Histrionic personality disorder, 358-359 probe questions for, 389 problems with DSM-III-R criteria for, 364 - 365Homicide, 97, 437-440, 456 and suicide, 421, 422 Hopelessness, and suicide risk, 254, 422 in depression, 254 Hostility. See also Anger and Violence. in interpersonal environment, and suicide risk, 420-421 Huang, A.C., on openness to change, 55 Hyper-religious thought, and homicide risk, 438 and suicide risk, 413 Hyperactive behavior, accompanying delirium, 305 Hypnotics, withdrawal from, 277 Hypoactive behavior, accompanying delirium, 305

Helplessness, in depression, 254, 257

Hypochondriacal delusional disorder, 291 Idea, delusional, 297 Ideation, suicidal. See Suicide. Ideational caging, in depression, 250–251 Identification, vs. empathy, 14 Illness, and suicide risk, 419 Illogical thought, 454 in psychosis, 327-328 Illusions, vs. visual hallucinations, 277 Impact status, 448-449 Implied gate, 121–122, 548 symbol for, in facilic analysis, 543 Inappropriate affect, in schizophrenia, 283 - 284Incongruent communication, 155, 156 Information-gathering, 38-44. See also Data organization. from family (or friends), of schizophrenic, 285 of suicidal patient, 415 from police, 279-280 Insanity, handling of issue of, at request of patient, 534-535 Insight, description of, in mental status report, 459, 460 Intention movements, 174 Interictal phase, behavior of epileptic patient during, 315 Internal control, fear of loss of, 205 Interpersonal distances, 139–141 perception of, by violence-prone patient, 175

Interview (Continued) Interpersonal dynamics, in interview, 45 - 48head nodding in, 165 Interpersonal environment, hostility in, information-gathering in, 38-44 and suicide risk, 420-421 interpersonal dynamics in, 45-48 introductory phase of, 56-61 Interpersonal viscosity, 316 Interruptions, percentage of, in interintuitive responses in, 472-474, 493view, 10, 11 Interview, 6, 93-124 Kernberg's approach to, 486-493 addressing patient in, 59-60 metacommunication in, 36-37, 130, and activation of patient's self system, 26, 29, 62, 369, 381 moving with resistance in. See Resisand data organization, as bases for treatment plan, 179-209, 478-485 nondefensiveness in, 28 animation in, 470 nonverbal behavior in, 76(t), 135-176 note-taking in, 169-170 anxiety in, 45, 46, 47, 168-169 office lay-out and decor for, 160 as basis for mental status report, 449safety aspects of, 175-176 opening phase of, 61-93 vs. impact status, 448-449 PACE elements of, 65, 550 as means of elicitation, of evidence of psychosis, 69, 298, 329 paralanguage in, 166 of sensitive material in personality patient as focus of, 447-468 disorders, 368-381 patient's compliance with recommenof suicidal ideation, 417, 426-437 dations made in, 125 assessment early in, 69 patient's conscious agenda in, 68 associational responses in, 474 patient's expression of feeling in, 14attentional vantage points in, 444, 444, 447 - 477recognition of, 15 blending in. See Blending. conveyance of, 17. See also Embody of, 93-124 pathic statement. clinician as focus of, 468-477 patient's reception of, 25 closing phase of, 124-130 patient's feedback on, 25 clues to personality dysfunction repatient's eye movements in, 145, 147 patient's language in, deep and surface vealed in, 381-387, 384, 387 conceptual vantage points in, 444, structure of, 462-465 patient's nonverbal cut-offs in, 146, 478 - 497conceptualization of patient's problems patient's perspectives in, 65 in, 70 confrontation in, 489-493 patient's resistance in. See Resistance. consistency in, 32 patient's unconscious agenda in, 71 countertransference in. See Counterpercentage of interruptions in, 10, 11 transference. phases of, 56-131 phenomenological approach in, 49-52 definition of, 6 displacement activities in, 168-169 pivot points in, 550 postural echoing in, 164 duration of utterance (DOU) in, 10, 11, process of, 7-8, 8 emotional responses in, 471-476 questions in, 34-37, 62, 78, 79(t), 80, empathy cycle in, 14-26. See also Em-83, 372 pathy cycle. counter-productive, 85-86 engagement in, 9, 548 family of depressed patient as subject of, 262 weak, 12, 13 establishment of safe relationship in, past diagnoses as subject of, 184 probe for personality disorders by, 26 - 30evaluation of, 74-75 387-390 expertise in, 33-37 responding to resistant patient's facilic analysis of, 543-546 queries with, 513 fantasy material (in clinician's resuicide attempts or plans as subject sponse) during, 476 of, 430, 435-437 gates in. See Gates (transitions). transitional, 109, 111 genuineness in, 30-33 reaction time latency (RTL) in, 10, 11,

76(t)

goals of, 6-7

Interview (Continued) regions of, 96, 551 content, 96-98, 547 expansion of, 105-108 process, 98-101 symbols for, in facilic analysis, 543 transitions between. See Gates (transitions). rehearsed, 76(t), 91-93, 551 responsive zone in, 161, 551 responsiveness in, 31, 469 scouting period in, 64, 551 symbol for, in facilic analysis, 543 seating arrangement for, 158-161 safety aspects of, 175-176 self-disclosure in, 477 problems with, 529 in approach to paranoid patient, 501, 503 resistance-handling based on, 513 shame reversal in, 369-371, 552 shut-down, 75-86, 76(t), 552 smoking in, 169 spontaneity in, 31, 469 structural, 486-493 symptom amplification in, 372, 553 techniques facilitating, 164 termination phase of, 130-131 touching in, 162-163 tracking in, 102, 553 training in conduct of, 469, 544-546 transferential responses in. See Countertransference. transparency in, 470 unconditional positive regard in, 27, 47, 369 understanding in, 44-52 unguided, 102 vantage points in, 443-497 verbalizations in, 77-78, 79(t), 80-81 wandering, 76(t), 86-91, 554 with catatonic patient, 318-319 with depressed patient. See Depression. with homicidal patient, 438-440 gates in, 440 with patient with personality disorder, 365 - 405with psychotic patient. See Psychosis. with suicidal patient, 426-437 gates in, 428-429 metacommunication in, 430 questions about past attempts in, questions about planned (future) attempts in, 435-437 resistance in, 430-431 type A validity errors in, 432 Interviewee. See Patient entries.

Interviewer, challenging of competence of, by resistant patient, 522-527 focus on, 468-477 opinions requested of, by psychotic patient, 532-535 by resistant patient, 530-532 paralanguage and nonverbal behavior exhibited by, 166-170 in interaction with potentially violent patient, 171, 175, 176 prying into personal life of, by resistant patient, 527-530 Intimacy, implied by empathic statement, 19-21 Intimate distance, 139-140 Intoxication. See also Alcohol and Drug entries. and potential for violence, 171 Introduced gate, 549 symbol for, in facilic analysis, 543 Intuitive responses, of interviewer, 472-474, 493-497 Invasion experiences, in psychosis, 320

Jamais vu, 315
Janson, H.W., critical method of, 3–4
Jaspers, K., on depression, 248
on hallucinations, 324
Jealous delusional disorder, 291
Jung, C.G., on individualization of therapy, 3

Kernberg, O., structural interviewing approach of, 486–493
Kinesic precursors, to violence, 173
Kinesic reciprocals, 156, 157
Kinesics, 141–142
Kohut, H., on narcissism, 350

Language, deep and surface structure of, 462–465 Lao-Tzu, on handling resistance, 522 Latency of reaction time, in interview, 10, 11, 76(t) Learned helplessness, 257

Lethality. See Homicide and Suicide entries.

Level of consciousness, description of, in

mental status report, 459 fluctuations in, in patient with delirium, 305

Libido, changes in, in depression, 223– 224 Lilliputian hallucinations, 276
Lithium therapy, for schizoaffective vs. schizophrenic disorder, 288
Logic, immunity to, in depression, 252
Loneliness, in depression, 253
Longitudinal facilic analysis, 543
Loosening of associations, 453–454
Lopez-Ibon, J., on life cycle of delusion, 295, 297
Loss of control, fear of, 205

MacKinnon, R., on dynamic defenses in depression, 254

Malingering patient, hallucinations reported by, 325

Mania. See also Bipolar disorder.

DSM-III-R criteria for, 227–228
vs. schizophrenia, 286

Manic defenses, against depression, 256

Manufactured gate, 113, 549
symbol for, in facilic analysis, 543

Margulies, A., on empathy, 16

Markers of speech, 146

Maturation level, 478–479

Meaning, 201–202
in depression, 263–264

Medical history, 98 Mental status examination, 97, 116–118, 459

aids to, 161–162 anxiety associated with, 115 Mental status report, 449–460

in psychosis, 336-337

Metacommunication, in interview, 36–37, 130

with suicidal patient, 430

Michels, R., on dynamic defenses in depression, 254 Micropsychotic episodes, 313

personality disorders and, 313–314 Millon, T., on narcissism, 350

Minkowski, E., on thought process in depression, 253

Mirror exercise, figurative, as aid to clinician's self-awareness, 167

Monosymptomatic hypochondriacal psychosis, 291

Mood, 458

delusional, 295 description of, on mental status report, 458

Morris, D., on behaviors warning of impending violence, 174 on displacement activities, 151 on eye movements and communication, 147 Motion (body motion), 141–142 Multiaxial diagnostic system of DSM-III-R, 184–192. *See also* DSM-III-R entries.

Murder, 437–440 and suicide, 421, 422

Narcissistic personality disorder, 359–360

case history of, 342–344 DSM-III-R criteria for, 348 probe questions for, 389

Natural expansion, 549

Natural gate, 111–112, 112, 549 symbol for, in facilic analysis, 543

Neurotic structure, in Kernberg's model of development, 488

Neurovegetative symptoms, of depression, 222, 224

Nicholi, A.M., on clinician-patient relationship, 27

NO HOPE scale, for suicide risk, 426 Nodding, 164–165

Nondefensiveness, by clinician, in interview, 28

Nonverbal behavior, 135–176 as indicator of blending, 163, 164 communication of empathy by, 25 effect of, on guarded patient, 165 in depression, 148 in schizophrenia, 147–148 of interviewer, 167–170 in interaction with potentially vio-

lent patient, 171, 175, 176
of violence-prone patient, 173-174
variations in, with type of interview,
76(t)

Nonverbal cut-offs, 146, 147 Nonverbal sign, vs. nonverbal communication, 137

Note-taking, in interview, 169-170

Obsessions, 455-456

Obsessive-compulsive personality disorder, 354

probe questions for, 388

Office lay-out and decor, for interview, 160

safety aspects of, 175–176 Open-ended questions, 78, 79(t), 83, 549 in opening phase of interview, 62 limitations of, 37

Open-ended verbalizations, 77–78, 79(t)

Othello syndrome, 291

PCP, psychosis induced by, 280

PACE elements, of interview, 65, 550 Percentage of interruptions, in interview, Pain, and suicide risk, 419, 422, 423 10, 11 core, 202-206 Perception, delusional, 295, 297 and resistance, 504 description of, on mental status report. Paralanguage, 142-144 457. See also Delusion entries and as exhibited by interviewer, 166 Hallucinations. Paramessages, 155 in depression, 249-250 Paranoia, and response to nonverbal be-Persecutory delusional disorder, 291 havior, 165 Personal distance, 140 and tendency to misuse information perception of, by violence-prone padisclosed by interviewer, 501, 503 tient, 175 depression and, 255 Personality, and suicide risk, 419-420 Paranoid disorder, delusional, 290-294 Personality development, 347 and homicide risk, 439 Personality disorder, 345 differential diagnosis of, 294 and micropsychotic episodes, 313-314 DSM-III-R criteria for, 290-291 antisocial, 357-358 organic causes of, 292 probe questions for, 389 shared, 292 sample interview of patient with, vs. schizophrenia, 292 375 - 378Paranoid personality disorder, 362-363 anxiety prone, 354-356 probe questions for, 390 probe questions for, 388 Paranoid schizophrenia, 284 avoidant, 355-356 Paraphrenia, 293 probe questions for, 388 Parataxic distortion, 48-49 borderline, 360-361, 395-399, 402-405 Parenting reciprocal, 157 probe questions for, 389 Pascal, G.R., behavioral incident consample interview of patient with. struct provided by, 39 399-402 Passive-aggressive personality disorder, vs. depression, 236 354 - 355compulsive (obsessive-compulsive), 354 probe questions for, 388 probe questions for, 388 sample interview of patient with, 391dependent, 355 probe questions for, 388 Patient, as focus of interview, 447-468 development of, 347 compliance by, with recommendations DSM-III-R criteria for, 345, 348-350, made in interview, 125 conscious agenda of, in interview, 68 problems with, 363-368 expectations of, resistance-handling elicitation of sensitive material from based on, 512 patient with, 368-381 expression of feeling by, 14-15 environmental factors in, 347 clinician's recognition of, 15 histrionic, 358-359 conveyance of, 17. See also Emprobe questions for, 389 pathic statement. problems with DSM-III-R criteria reaction to and feedback on, 25 for, 364-365 eye movements of, 145, 147 interview of patient with, 365-405 language used by, deep and surface narcissistic, 359-360 structure of, 462-465 case history of, 342-344 maturation level of, 478-479 DSM-III-R criteria for, 348 nonverbal cut-offs used by, 146, 147 probe questions for, 389 perspectives of, in interview, 65 obsessive-compulsive, 354 report by, on blending, 12 probe questions for, 388 resistance by. See Resistance. paranoid, 362-363 selection of, for psychotherapy, 478probe questions for, 390 passive-aggressive, 354-355 unconscious agenda of, in interview, 71 probe questions for, 388 Patient history, 96, 97, 98 sample interview of patient with, in depression, 237-239 391 - 394Patterson, W.M., suicide risk scale develphysiological factors in, 347 oped by, 426 poorly empathic, 356-360

probe questions for, 389

Personality disorder (Continued) probe questions for, 387-390 psychological factors in, 347 psychosis prone, 313-314, 360-363 probe questions for, 389-390 schizoid, 356-357 probe questions for, 389 schizotypal, 361-362 probe questions for, 390 signal behaviors suggesting, 381-385, 384 signal symptoms suggesting, 385-387, social history and, 346, 391 vs. behavior diagnosed at interview, 365 - 367Personality theory, 341 Personality traits, 188, 352 Phantom gate, 120-121, 550 symbol for, in facilic analysis, 543 Phenomenology, as interview approach, Physical examination, of psychotic patient, 311-312 Physiological system, 194-195 in depression, 247-249 in psychosis, 317-324 Pilkonis, P., on responses reflecting thinking vs. feeling, 471 Pivot points, in interview, 550 Police, information-gathering from, 279-Poorly empathic personality disorders, 356 - 360probe questions for, 389 Porous ego, in psychosis, 320-321 Positive regard, unconditional, as interview approach, 27, 47, 369 Postural echoing, in interview, 164 Precox feeling, suggesting schizophrenia, 332 Predicative thought, 327 Pressured speech, 453 Primary diagnostic (DSM-III-R) delineation, 185, 188 Probe questions, for personality disorders, 387-390 Process interventions, as means of handling resistance, 510-517 Process regions of interview, 98-101, 550 symbol for, in facilic analysis, 543 Projection, in depression, 255 Proxemics, 139-141 and seating arrangement for interview, 158–161, *159* Pseudohallucinations, 325 Psychiatric history, 97 Psychodynamic psychotherapy, patients suitable for, 478-486

Psychodynamic regions, 100-101 Psychogenetic history, 97 Psychological system, 195-196 in depression, 249-256 in psychosis, 324-331 Psychosis, 268, 294-302. See also Schizophrenia. acting on perceived alien control in. and suicide risk, 413 akathisia vs. agitation in, 323-324 and homicide risk, 438-439 and potential for violence, 171 and suicide risk, 411-413 anxiety and, 294 case histories of, 269-272, 275-316 catatonia in, 318 countertransference between clinician and patient with, 331-334 definition of, 268 depersonalization in, 319 depression and, 219, 232, 286 derealization in, 319 differential diagnosis of causes of, 283 disorders presenting as, 316 drugs causing, 280-282, 310(t)-311(t) dyadic system in, 331-334 elicitation of evidence of, in interview, 69, 298, 329 epilepsy marked by symptoms of, 315 evolution of, 297, 301, 301 family of patient with, 285, 334-335 framework for meaning in, 336-337 gates aiding clinician's approach to, 328, 330 group associations of patient with, as subculture, 336 hallucinations in, 275-276, 292, 324and suicide risk, 411-412 hard signs of, 294-295, 296, 301, 301 elicitation of, in patient with soft signs of psychosis, 298 head trauma and, 279, 309 hypochondriacal, monosymptomatic, illogical thinking in, 327-328 invasion experiences in, 320 organic causes of, 309, 310(t)-311(t), 311 PCP use and, 280 personality disorders and, 313-314, 360-363 probe questions for, 389-390 physical examination in screening for, 311 - 312physiological system in, 317-324 porous ego in, 320-321 psychological system in, 324-331 racing thoughts in, 326

Psychosis (Continued) religious preoccupation in, and homicide risk, 438 and suicide risk, 413 requests for clinician's opinion by patient with, 532-535 Schneiderian symptoms of, 320-321 sleep disturbances in, 317 soft signs of, 296, 298, 301, 301 elicitation of hard signs of psychosis in patient with, 298 somatic passivity experiences in, 320 subculture of patients with, 336 thought blocking in, 327 thought broadcasting in, 320 withdrawal from drugs or alcohol and, 277 - 279Psychosis prone personality disorders,

313-314, 360-363 probe questions for, 389-390 Psychotherapy, patients suitable for,

478 - 486

Psychotic structure, in Kernberg's model of development, 488 Public distance, 140

Qualitative questions, 79(t), 80 Question(s), 34-37, 78, 79(t), 80, 83, 372 closed-ended, 78, 79(t), 547 counter-productive, 85-86 fact-oriented, 34-36 family of depressed patient as subject of, 262 open-ended, 78, 79(t), 83, 549 in opening phase of interview, 62 limitations of, 37 past diagnoses as subject of, 184 probe for personality disorder by, 387qualitative, 79(t), 80 responding to resistant patient's queries with, 513 suicide attempts or plans as subject of, 430, 435-437 swing, 79(t), 80, 553 transitional, 109, 111 Quiet delirium, 305

Racing thoughts, in psychosis, 326 Rape, 440 Reaction time latency (RTL), in interview, 10, 11, 76(t) Referred gate, 114-116, 118-120, 551 symbol for, in facilic analysis, 543

Regions of interview, 96, 551 content, 96-98, 547 expansion of, 105-108 process, 98-101, 550 symbols for, in facilic analysis, 543 transitions between. See Gates (transitions). Rehearsed interview, 76(t), 91-93, 551 duration of utterance (DOU) in, 76(t) nonverbal behavior in, 76(t) reaction time latency (RTL) in, 76(t) Rejection, fear of, 204 Reliability, 41-44 Reliability errors, Axis II diagnostic categories and, 363-364 Religious preoccupation, and homicide risk, 438 and suicide risk, 413 Report by patient, on blending, 12 Requests, for clinician's opinion, by psychotic patient, 532-535 by resistant patient, 530-531 Residual type schizophrenia, 289-290 Resistance, 499 as process to be directly addressed by clinician, 512 by suicidal patient, 430-431 core pains and, 504 form(s) of, 503-504 anger as, 539-541 challenging of clinician's competence as, 522-527 prying into clinician's personal life as, 527-530 requests for clinician's opinion as, 530 - 531psychosis and, 532-535 unwillingness to cooperate as, 535observable, 503-504 recognition of, 503-504 responses to, 507-518, 508 clinician's goals in selection of, 516 content-based, 508-510 direction of, 507 examples of, in clinical application, 520 - 521process-based, 510-517 seed, 504-506 side-tracking of, 517-518, 552 Resistance regions, 99-100 Responsive zone, 161, 551 Responsiveness, in interview, 31, 469 Retarded depression, 250

nonverbal behavior in, 148

sonality disorders, 388

Roberts, J., and probe questions for per-

Rogers, C., on empathy, 14 unconditional positive regard promulgated by, 27, 47, 369 Rosenbaum, P., on illogical thinking in psychosis, 327 Rosenblum, R., critical method of, 3-4 RTL (reaction time latency), in interview, 10, 11, 76(t) Rum fits, 278 Ruminations, 455

RZ (responsive zone), 161, 551

SAD PERSONS scale, for suicide risk, Sanity, handling of issue of, at request of patient, 534-535 Scheffen, A., on kinesic reciprocals, 156, Schizoaffective disorder, 287-288 Schizoid personality disorder, 356-357 probe questions for, 389 Schizophrenia, 283-290. See also Psychosis. and suicide risk, 413-414 delusions in, 284 depression in, and suicide risk, 413 differential diagnosis of, 289 DSM-III-R criteria for, 273-275 flat or inappropriate affect in, 283-284 hallucinations in, 275-276 nonverbal behavior in, 147-148 paranoid, 284 precox feeling suggesting, 332 residual type, 289-290 vs. affective disorders, 286 vs. delusional paranoid disorder, 292 Schizophreniform disorder, 273 Schizotypal personality disorder, 361-362probe questions for, 390

Schneiderian symptoms, of psychosis, 320 - 321Scouting period, in interview, 64, 551 symbol for, in facilic analysis, 543 Seating arrangement, for interview, 158safety aspects of, 175-176 Secondary diagnostic (DSM-III-R) delineation, 187, 188 Sedatives, withdrawal from, 277 Seed resistances, 504-506 Seizures, epileptic, 315 preceding delirium tremens, 278 Self system, activation of, in patient's response to interview, 26, 29, 62, 369, 381

Self-blame, in depression, 252 Self-destructiveness. See Suicide entries. Self-disclosure, by interviewer, 477 problems with, 529 in approach to paranoid patient, 501, 503 resistance-handling based on, 513 Self-intimacies, 158 Self-loathing, in depression, 254 Self-remembering, 446-447 Self-report (patient's report), on blending, Sensorium, description of, in mental status report, 459 Sex differences, in potential for suicide, Sexual history, changes in, in depression, 223 - 224Shame reversal, 369-371, 552 Shared delusional disorder, 292 Shut-down interview, 75-86, 76(t), 552 duration of utterance (DOU) in, 76(t) nonverbal behavior in, 76(t) reaction time latency (RTL) in, 76(t) Side-tracking, resistance-handling based on, 517-518, 552 Signal behaviors, suggesting personality disorders, 381-385, 384 Signal symptoms, suggesting personality disorders, 385-387, 387 Silences, appropriate vs. inappropriate, Sleep disturbances, in depression, 222-223 in psychosis, 317 Smoking, in interview, 169 Social distance, 140 Social history, 97 and personality disorders, 346, 391 vs. behavior diagnosed at interview, 365-367 Societal system, 200-201 Sociopathy, inadequacy of DSM-III-R in diagnosing, 364 Soft signs of psychosis, 296, 298, 301, 301

elicitation of hard signs of psychosis in patient with, 298 Somatic delusional disorder, 291 Somatic empathy, 461-462 Somatic passivity experiences, 320 Space, interpersonal, 139-141 preference for expansion of, by violence-prone patient, 175 Spatial perception, in depression, 250 Speech, description of, on mental status report, 452, 455 pressured, 453 Speech markers, 146

Split expansions, 107 Spontaneity, in interview, 31, 469 Spontaneous gate, 108-110, 552 symbol for, in facilic analysis, 543 Spouse, absence of, and suicide risk, 415 Statements of inquiry, 79(t), 80-81, 552-Stilted expansion, 105, 108, 553 Stress, changed maturation level in response to, 479 common sources of, and suicide risk, 415 Structural interviewing, 486-493 Stuporous catatonia, 318 Submission reciprocal, 174 Suicide, 97, 409, 456 attempts at, 411, 416, 424-425 family or friends of patient as source of information on, 415 questioning of patient about, in interview, 430, 435-437 elaboration of rationalized excuses for, elicitation of ideas of, in interview, 417, 426-437 homicide and, 421, 422 importance of interviewer's feelings about, 431 risk factor(s) for, 410-426 absence of spouse as, 415 adolescence as, 411 advancing age as, 411 belief in alien control as, 413 chronic vs. immediate, 424-425 command hallucinations as, 411-412 common stressors identified as, 415 countertransference between clinician and patient with, 431-432 depression as, 254, 413, 419, 423 drug or alcohol abuse as, 414 family support in care of patient with, 416, 420 gender and, 411 hopelessness as, 254, 422 hostile interpersonal environment as, 420-421 illness as, 419 interview of patient with, 426-437 gates in, 428-429 metacommunication in, 430 questions about past attempts in, questions about planned (future) attempts in, 435-437 resistance in, 430-431 type A validity errors in, 432 NO HOPE scale for, 426 pain as, 419, 422, 423 personality and, 419-420

potentiators of, 424-425

Suicide (Continued) risk factor(s) for, previous suicide attempts as, 411, 416, 424-425 psychosis as, 411-413 religious preoccupation as, 413 SAD PERSONS scale for, 426 schizophrenia as, 413-414 Suicide rate, 409 Sullivan, H.S., on parataxic distortion, on patient's gain from interview, 125 on self system, 26, 29 Supervision and training, in interviewing, 469, 544-546 Surface structure, of language, 462–465 Swing questions, 79(t), 80, 553 Symbiotic relationship-forming personality, and suicide risk, 420 Symptom amplification, 372, 553 Systems analysis, 194–202, 195

Tactile hallucinations, in delirium tremens, 278 Tangential thought, 453 Tearfulness, in depression, 259-260 Temporal lobe epilepsy, 315 Tension, facial twitches as sign of, 152 Therapy-facilitative patient characteristics, 480-481, 483 Thomas, A., on personality development, 347 Thought blocking, 454 in psychosis, 327 Thought broadcasting, in psychosis, 320 Thought content, description of, on mental status report, 450-451, 455-456 in depression, 253-254 Thought disorder, 453 Thought process, description of, on mental status report, 453–455 in depression, 250, 252, 253 Time perception, in depression, 249-250 Touching, in interview, 162-163 of catatonic patient, by clinician, 318-

Tracking, in interview, 102, 553

See Countertransference.

Transitional questions, 109, 111

Transparency, in interview, 470

response to, 283-284

basis for, 179-209

Transference, 31

Training, in interviewing, 469, 544-546

Transferential responses, of interviewer.

Trauma, flat or inappropriate affect in

to head, and psychosis, 279, 309

Treatment plan, data organization as

Tumor, brain, paranoia in patient with, 292 Type A validity errors, 44, 554 in interview with suicidal patient, 432 Type B validity errors, 44, 554

Unconditional positive regard, as interview approach, 27, 47, 369
Unguided interview, 102
Unipolar blending, 11, 554
Unknown, fear of, 205–206
Unwilling patient, resistance-handling approaches to, 535–538
Utterance duration, in interview, 10, 11, 76(t)

Validity, 38–41
Validity errors, Axis II diagnostic categories and, 363–364
type A, 44, 554
in interview with suicidal patient,
432
type B, 44, 554
Verbalizations, in interview, 77–78,
79(t), 80–81
Videotaping, and training in interviewing, 544–546

Vacuum gestures, 174

Vigilance test, 306
Violence, dyadic process and, 170, 171
history of, and homicide risk, 438
patients prone to, 171–172
expanded interpersonal distances
preferred by, 175
nonverbal behaviors of, 173–174
nonverbal behaviors of clinician in
response to, 171, 175, 176
signs of attack readiness exhibited
by, 173–174
potentiators of, 171–172
Violence reciprocal, 170, 171
Visual hallucinations, 275–276
vs. illusions, 277

Wandering interview, 76(t), 86–91, 554 duration of utterance (DOU) in, 76(t) nonverbal behavior in, 76(t) reaction time latency (RTL) in, 76(t) Whitehorn, J., on interpersonal dynamics in interview, 45, 46 Withdrawal, from alcohol or drugs, 277– 279 Word salad, 454 Worthlessness, fear of, 204

Zone, responsive, 161, 551