Interviewing and Diagnostic Exercises for Clinical and Counseling Skills Building
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with

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Contents

Acknowledgments xi
Preface for Instructors/Supervisors xiii
Preface for Students/Trainees xix
Types of Interviewing Skills Indexed by Chapter: Table 1 xxiii
Diagnoses Indexed by Chapter: Table 2 xxiv
Conceptual Issues Indexed by Chapter: Table 3 xxv

PART I: INTRODUCTION

1 Interviewing Skills Highlighted in the Text
   Why Were Certain Skills Selected? 3
   What Is Attending Behavior? 3
     What Is Verbal Attending? 4
     What Is Nonverbal Attending? 4
   Responding to Nonverbal Behavior 5
     Identifying Nonverbal Behavior 5
     Identifying Feelings 6
   What Are Open-Ended and Closed Questions? 6
     Using Open-Ended Questions 7
     Using Closed Questions 7
     Further Examples of Open-Ended and Closed Questions 7
   What Are Reflective Listening Comments? 8
     Examples of Reflective Listening 8
   What Is an Empathetic Comment? 8
     Empathetic Comments That Show Clients You Understand Them 9
     Empathetic Comments That Validate Clients’ Experiences 9
     Empathetic Comments to Support Emotional Control 9
     Further Examples of Empathetic Comments in Response to Client Information 10
Contents

What Is Summarizing? 10
  Summarizing to Demonstrate Listening 11
  Summarizing to Highlight Themes 11
  Summarizing as a Transition 11
  Summarizing to Decrease Emotional Intensity 11
What Is Redirecting? 11
  Redirecting for Clarity 12
  Redirecting to Prevent Avoidance 12
  Redirecting to Change the Subject 12
What Is Supportive Confrontation? 13
  When Do You Make a Supportive Confrontation? 13
  How Do You Make a Supportive Confrontation? 14
What Is a Process Comment? 15
  Describing a Client’s Interpersonal Pattern Across Relationships 15
  Describing the Interpersonal Process Between Client and Interviewer 15
  Issues in Human Diversity During Interviewing 16

2 Highlighted Diagnostic Practice 18
  Start the Diagnostic Process With a Thorough Intake Interview 18
  Be Aware of the Limited Nature of Your Information 19
  Ask Questions That Would Rule Out Diagnoses 19
Consider Your Diagnostic Choices 20
  Be Stringent in Your Use of Diagnostic Criteria 20
  Axis I 21
  Axis II 21
  Axis III 22
  Axis IV 22
  Axis V 22
  Double-Check Your Clinical Judgment 22
  Conclusion 24

PART II: ADULT PROFILES FOR USE IN INDIVIDUAL SESSIONS 27

Preface to Part II 27
  Taking the Client Role 27
  Taking the Interviewer Role 27
  What Will Be Kept Confidential? 28
  Does the Client Differ From You in Important Ways? 28

3 Case of Monisha: Presenting Issues—College Adjustment, Academic Pressure 29
  a. Monisha, African-American (age 18) role-play material. 29
  b. Exercises for developing a multiaxial diagnosis for Monisha with a highlighted diagnosis of Adjustment Disorder. 33
  c. Exercises for deepening the interview with Monisha, highlighting the skills of responding to nonverbal behavior and open-ended and closed questions. 35
  d. Exercises for thinking about Monisha from the interviewer’s perspective, highlighting the decision to take a narrow versus wide focus to treatment. 37

4 Case of Jie: Presenting Issues—School Performance, Culture 39
  a. Jie, Taiwanese (age 18) role-play material. 39
  b. Exercises for developing a multiaxial diagnosis for Jie with a highlighted comparison between Anxiety Disorder and Adjustment Disorder. 45
c. Exercises for deepening the interview with Jie, highlighting the skills of nonverbal attending, responding to nonverbal behavior, and summarizing. 47

d. Exercises for thinking about Jie from the interviewer’s perspective, highlighting cultural issues in developing rapport and developing a treatment plan. 49

5 Case of Brenda: Issues—Parenting Young Children, Identity Shift 51

a. Brenda, European-American (age 30) role-play material. 51

b. Exercises for developing a multiaxial diagnosis for Brenda with a highlighted diagnosis of Major Depressive Disorder. 57

c. Exercises for deepening the interview with Brenda, highlighting the skills of summarizing and reflective listening. 59

d. Exercises for thinking about Brenda from the interviewer’s perspective, highlighting the areas of development, gender, and medication. 61

6 Case of Aaron: Presenting Issues—Hallucinations, Substance Abuse 63

a. Aaron, African-American (age 25) role-play material. 63

b. Exercises for developing a multiaxial diagnosis for Aaron with a highlighted comparison of Schizophrenia and Substance-Related Disorders. 67

c. Exercises for deepening the interview with Aaron, highlighting the skills of nonverbal attending, open-ended and closed questions, reflective listening, and empathetic comments. 69

d. Exercises for thinking about Aaron from the interviewer’s perspective, focusing on reactions to psychotic thinking. 71

7 Case of Mary: Presenting Issues—Depression, Anxiety 73

a. Mary, European-American (age 55) role-play material. 73

b. Exercises for developing a multiaxial diagnosis for Mary with a highlighted comparison between Major Depressive Disorder and Bereavement. 77

c. Exercises for deepening the interview with Mary, highlighting the skills of nonverbal attending, open-ended and closed questions, reflective listening, and empathetic comments. 79

d. Exercises for thinking about Mary from the interviewer’s perspective, focusing on sexual orientation, suicide, and religion as a cultural influence. 81

8 Case of Mark: Issues—Survival Guilt, Career Confusion 83

a. Mark, European-American (age 18) role-play material. 83

b. Exercises for developing a multiaxial diagnosis for Mark with a highlighted diagnosis of Posttraumatic Stress Disorder. 89

c. Exercises for deepening the interview with Mark, highlighting the skills of reflective listening, empathetic comments, and redirecting. 91

d. Exercises for thinking about Mark from the interviewer’s perspective, focusing on reactions to trauma. 93

9 Case of Sarah: Issues—Husband With Alzheimer’s Disease, Family Pressure 95

a. Sarah, European-American (age 70) role-play material. 95

b. Exercises for developing a multiaxial diagnosis for Sarah with a highlighted diagnosis of Adjustment Disorder. 99

c. Exercises for deepening the interview with Sarah, highlighting the skills of redirecting and responding to nonverbal behavior. 101

d. Exercises for thinking about Sarah from the interviewer’s perspective, with emphasis on personal boundaries and health. 103
## Contents

### 10 Case of David: Presenting Issues—Substance Abuse, Employment 105
- a. David, European-American (age 34) role-play material. 105
- b. Exercises for developing a multiaxial diagnosis for David with a highlighted diagnosis of Substance-Related Disorders. 109
- c. Exercises for deepening the interview with David, highlighting the skills of open-ended and closed questions, supportive confrontation, and redirecting. 111
- d. Exercises for thinking about David from the interviewer’s perspective, with emphases on client sexual overtures and substance use. 113

### 11 Case of Lisa: Presenting Issues—Marital Difficulties, Life Changes 115
- a. Lisa, European-American (age 45) role-play material. 115
- b. Exercises for developing a multiaxial diagnosis for Lisa with highlighted diagnoses of Adjustment Disorder and Phase of Life Problem. 119
- c. Exercises for deepening the interview with Lisa, highlighting the skills of summarizing and process comments. 121
- d. Exercises for thinking about Lisa from the interviewer’s perspective, focusing on gender roles and health issues. 125

### 12 Case of Gary: Presenting Issues—Aggression, Substance Abuse 127
- a. Gary, European-American (age 24) role-play material. 127
- b. Exercises for developing a multiaxial diagnosis for Gary, with a highlighted comparison of Intermittent Explosive Disorder and Substance-Related Disorders. 131
- c. Exercises for deepening the interview with Gary, highlighting the skills of nonverbal attending, empathetic comments, supportive confrontation, and process comments. 133
- d. Exercises for thinking about Gary from the interviewer’s perspective, with the focuses being danger to others and substance abuse. 135

### Part III: Child and Teen Profiles for Use in Individual Sessions 139

#### Preface to Part III

- Taking the Client Role 139
- Taking the Interviewer Role 139
- What Will Be Kept Confidential? 140
- What Do Children Understand? 140
  - Use Simple Language 141
  - Use Directed and Concretely Focused Questions 141
  - Focus on One Clear Issue at a Time 141
- How Are Children and Teens Going to Communicate With You? 142
- Does the Client Differ From You in Important Ways? 142

### 13 Case of Cynthia: Issues—Eating Disorder, Emerging Sexuality 143
- a. Cynthia, European-American (age 13) role-play material. 143
- b. Exercises for developing a multiaxial diagnosis for Cynthia, with a highlighted comparison of Bulimia Nervosa and Eating Disorder NOS. 147
- c. Exercises for deepening the interview with Cynthia, highlighting the skills of empathetic comments, summarizing, and open-ended and closed questions. 149
- d. Exercises for thinking about Cynthia from the interviewer’s perspective, highlighting the areas of development, absent father, and culture. 151
14 Case of Jeffrey: Issues—Social Alienation, School Failure  

a. Jeffrey, European-American (age 16) role-play material. 153  
b. Exercises for developing a multiaxial diagnosis for Jeffrey, with a highlighted comparison of Major Depressive Disorder and Oppositional Defiant Disorder. 157  
c. Exercises for deepening the interview with Jeffrey, highlighting the skills of responding to nonverbal behavior, empathetic comments, and reflective listening. 159  
d. Exercises for thinking about Jeffrey from the interviewer’s perspective, focusing on the issues of suicide and violence. 161

15 Case of Melissa: Presenting Issues—Divorce, Shared Custody  

a. Melissa, European-American (age 10) role-play material. 163  
b. Exercises for developing a multiaxial diagnosis for Melissa, with a highlighted diagnosis of Adjustment Disorder. 167  
c. Exercises for deepening the interview with Melissa, highlighting the skills of responding to nonverbal behavior, reflective listening, empathetic comments, and open-ended and closed questions. 169  
d. Exercises for thinking about Melissa from the interviewer’s perspective, emphasizing issues of custody, confidentiality, and individual versus family treatment. 173

16 Case of Edward: Presenting Issues—Single-Parent Family, Acculturation  

a. Edward, African-American (age 12) role-play material. 175  
b. Exercises for developing a multiaxial diagnosis for Edward, with a highlighted diagnosis of Learning Disorder. 179  
c. Exercises for deepening the interview with Edward, highlighting the skills of responding to nonverbal behavior and open-ended and closed questions. 181  
d. Exercises for thinking about Edward from the interviewer’s perspective, focusing on single-parent family, culture, and poverty. 183

17 Case of Raoul: Presenting Issues—Racial Prejudice, Substance Use  

a. Raoul, Mexican-American (age 17) role-play material. 185  
b. Exercises for developing a multiaxial diagnosis for Raoul, with a highlighted comparison between Conduct Disorder and Substance-Related Disorders. 189  
c. Exercises for deepening the interview with Raoul, highlighting the skills of reflective listening, empathetic comments, supportive confrontation, and process comments. 191  
d. Exercises for thinking about Raoul from the interviewer’s perspective, with emphases on racism, poverty, and confidentiality. 193

18 Case of Erica: Presenting Issues—Bereavement, Behavior Problems  

a. Erica, European-American (age 7) role-play material. 195  
b. Exercises for developing a multiaxial diagnosis for Erica, with a highlighted comparison between Adjustment Disorder and Bereavement. 199  
c. Exercises for deepening the interview with Erica, highlighting the skills of nonverbal attending, responding to nonverbal behavior, open-ended questioning, and redirecting. 201  
d. Exercises for thinking about Erica from the interviewer’s perspective, focusing on development, religion, and personal boundaries. 203

19 Case of Joseph: Presenting Issues—Abandonment, Aggression  

a. Joseph, biracial Puerto Rican/Caucasian (age 10) role-play material. 205
b. Exercises for developing a multiaxial diagnosis for Joseph, with a highlighted comparison between Conduct Disorder and Separation Anxiety Disorder. 211

c. Exercises for deepening the interview with Joseph, highlighting the skills of responding to nonverbal behavior, empathetic comments, reflective listening, and supportive confrontation. 213

d. Exercises for thinking about Joseph from the interviewer’s perspective, highlighting custody, poverty, and biracial identity development. 215

20 Case of Sabina: Issues—Acculturation Conflicts, Emancipation 217

a. Sabina, Bangladeshi-American (age 16) role-play material. 217

b. Exercises for developing a multiaxial diagnosis for Sabina, with a highlighted comparison between Identity Problem and Child or Adolescent Antisocial Disorder. 223

c. Exercises for deepening the interview with Sabina, highlighting the skills of nonverbal attending, empathetic comments, reflective listening, open-ended and closed questions, and process comments. 225

d. Exercises for thinking about Sabina from the interviewer’s perspective, with highlighted areas being culture and religion. 227

21 Case of Alex: Presenting Issues—Neglect, Behavior Problems 229

a. Alex, European-American (age 8) role-play material. 229

b. Exercises for developing a multiaxial diagnosis for Alex, with a highlighted comparison between Oppositional Defiant Disorder and Parent-Child Relational Problem. 233

c. Exercises for deepening the interview with Alex, highlighting the skills of responding to nonverbal behavior, summarization, and redirecting. 235

d. Exercises for thinking about Alex from the interviewer’s perspective, with focus on responding to aggression. 237

22 Case of Cathy: Presenting Issues—Sexual Abuse, Abandonment 239

a. Cathy, European-American (age 11) role-play material. 239

b. Exercises for developing a multiaxial diagnosis for Cathy, with a highlighted comparison between Posttraumatic Stress Disorder and Sexual Abuse of Child. 243

c. Exercises for deepening the interview with Cathy, highlighting the skills of empathetic comments, summarization, and process comments. 245

d. Exercises for thinking about Cathy from the interviewer’s perspective, with highlighted areas being sexual orientation and sexual overtures from clients. 247

References 249

Suggestions for Further Reading 251

Supervisory Feedback Worksheet 253

Appendix: Interviewing Skills Worksheets 257
Acknowledgments

We would like to thank the following individuals for their advice and support in writing this book: Ms. Sarah Dietz, Dr. Renu Garg, Dr. Beverly Goodwin, Dr. Kimberly Husenits, Dr. Dasen Luo, Ms. Binal Purohit, Dr. Constantine Vaporis, and the doctoral students in the Psychology Doctoral program of Indiana University of Pennsylvania.
Preface for Instructors/Supervisors

This book contains twenty client profiles to use in practicing interviewing and diagnostic skills. Ten profiles are of adult cases ranging in age from eighteen to seventy (chapters 3–12). Ten profiles are of child or teen cases ranging in age from seven to seventeen (chapters 13–22). In addition to age, the twenty profiles vary in terms of ethnicity, gender, national origin, religion, socioeconomic status, presenting problems, and level of problem severity.

The instructor can have students simply read through these profiles and then complete the three sets of exercises that follow them. These exercises help students develop diagnoses using the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR), deepen their interviewing skills, and practice responding to important clinical issues as they relate to the client. Students can develop their skills more quickly if the clinical profiles are also used in role-play practice with interviewing skills.

In basic role playing, students are divided into teams of two. Before each practice session, one student reads a client profile and prepares to take on the role of “client.” The profile contains information about the feelings, thoughts, actions, and interpersonal patterns of the client as he or she participates in a diagnostic intake or initial interview. This allows the student to realistically portray the client and thus be an effective partner for the student taking the interviewer role.

WHY USE ROLE PLAYS?

Interviewing and diagnostic skills are complex and students will make mistakes. The major advantage of role plays is that the focus is on the interviewer’s skill building and not client welfare. Thus, you are not faced with any ethical dilemmas if one of your students does, for example, an ineffective screen for suicide. You don’t have to take over the session, as you might, with a truly suicidal client. Instead, you can put the interview on temporary hold while you coach your student on how to conduct an effective suicide assessment. Once the student understands what to do, you can have the role playing begin again. Real clients, who have already undergone an inadequate or inappropriate screen, may alter their responses the second time around; you may remain unclear about the validity of the assessment which raises ethical concerns. In a role play, however, the role-play client can simply be instructed to start over again as if the first suicide screen did not occur. This gives the interviewer a fresh start. At the end of this second screen, the role-play client can give the interviewer feedback about both the first and second experience of being screened for suicide. This type of immediate feedback, from both the instructor and the role-play client, can help solidify skill building so that the student is prepared when a real suicidal crisis arises.
Another advantage of role plays is that client confidentiality is not an issue. Thus, students who are not taking on either the client or interviewer role can watch the role-play interview and learn from observing. Although you can have your students watch interviews with real clients, many clients will not want to be observed. Even when they agree to be watched, they may be uncomfortable with, or unwilling, to disclose all the information that might be gained in a more confidential setting.

Finally, role plays can serve as a gatekeeping device. Students who appear to be progressing well in role plays can be assigned real clients to interview; these students are unlikely to jeopardize clients’ welfare through a lack of sufficiently honed skills. Those students who seem to be struggling can be given additional role-play practice before being assigned real clients.

WHAT COURSES WAS THIS TEXT DESIGNED TO SUPPORT?

This text was designed to supplement a variety of master’s and/or doctoral level courses that cover diagnosis, interviewing, crisis intervention, and/or diversity issues in clinical work. The clinical material within the profiles should be relevant to students in clinical psychology, counseling psychology, counselor education, school psychology, psychiatry, psychiatric nursing, and other allied professions.

WHAT IS THE TEXT’S APPROACH TO INTERVIEWING?

As the case profiles provide information on a client’s behaviors, thoughts, emotions, and relational patterns, the student will be able to practice interviewing skills that stem from a variety of theoretical orientations including behavioral, cognitive, dynamic, humanistic, transtheoretical, and eclectic. Each client profile is unique from the others in terms of demographics and presenting issues so that the students are presented with a variety of interviewing challenges. The client information is comprehensive enough that students should be able to gain an indepth understanding of the client’s strengths, weaknesses, and life situation. If your course objectives go beyond preparing students for an intake or initial interview, the profiles can also be used in role-play sessions of (a) helping the client identify personal goals, (b) helping the client identify problems that need to be solved, (c) collaborating on a treatment plan, and (d) carrying out intervention sessions.

Each client chapter contains exercises covering three or four of the text’s highlighted interviewing skills of attending, open-ended and closed questions, reflective listening, responding to nonverbal behavior, empathetic comments, summarizing, redirecting, supportive confrontation and process comments. The client profiles in the beginning of the adult and child/teen sections provide practice in the more basic skills of nonverbal attending, responding to nonverbal cues, open-ended and closed questioning, summarizing, reflective listening, and making empathetic comments. The client profiles starting in the middle of the adult and child/teen sections add practice with the more complex skills of redirecting, supportive confrontation, and making process comments.

Although these highlighted skills are just a selection from a vast arena of other available techniques that you might have your students practice, they are comprehensive enough to help the student interviewer build an effective working relationship with the client, define the issues that need to be worked through in treatment, and bring the client’s attention to issues of importance when and if the interviewing session gets off course. Once this basic list of skills is mastered, the students can easily add other skills to their interviewing and intervention repertoire. If you wish your students to have a brief review of these highlighted interviewing skills, assign them to read chapter 1 of this text along with any of the worksheets in the Appendix that you consider appropriate. Otherwise, direct them to skip chapter 1 and proceed to the client chapters to begin practicing their interviewing skills.
PROVIDING FEEDBACK ON INTERVIEWING

Live supervision of students during their interviews can be a powerful learning experience. First, it allows you to give immediate feedback to them while the session is still fresh in their minds. Second, you know your feedback is accurate because you saw what happened in the interview. Students may not accurately perceive problems that occur in the interviews. For example, they might believe a client is paranoid rather than recognizing that the client was angry with them because of a mistake they made in interviewing. If you didn’t see the interview, you might end up giving the student feedback on how to assess paranoia rather than on how to respond to client anger.

In addition, beginning interviewers often have trouble actively listening to their clients because they are too busy wondering what they should say next. They can more actively listen to their clients when they know they can rely on feedback from others to guide them if a problem arises in the interview. For all of these reasons, live supervision can help students develop their interviewing skills more quickly.

If you plan to provide live supervision of real or role-play interviews, you might want to review the supervisory feedback worksheet (p. 253). This worksheet tracks all of the interviewing skills highlighted in this text. It also gives you the opportunity to comment on the interviewer’s areas of strength and weakness. Finally, it provides you with a section for giving interviewers feedback about their clients’ issues, including areas that ought to be covered in future sessions with the client.

WHAT IS THE TEXT’S APPROACH TO DIAGNOSIS?

Following each client profile, the text provides a set of exercises to help students develop DSM-IV-TR diagnoses that accurately balance the impact of individual, situational, and biological factors on the client’s behavior. Exercises first ask the student to work methodically from Axis I to Axis V considering what diagnostic choices are most appropriate for the client. Then, the student is asked to review in reverse their choices from Axis V to Axis I. This reverse review is to help the student reconsider whether a proper balance of individual, situational, and biological factors has been reflected in the diagnostic choices. Once this reverse review is conducted, the exercises prompt the student to complete a second reverse review. In this review, the student takes the client’s point of view and considers how this individual might react to the diagnostic choices that have been made. The intent of this three-pronged approach is to make students aware of potential biases that may have entered into their diagnoses and correct them before they can lead to negative consequences for the client.

Chapter 2 of this text provides a brief review of issues related to diagnosis and guides students through a basic understanding of Axes I-V. If your students do not need this review, tell them to skip chapter 2 and proceed to the client profiles in chapter 3. Students will need a copy of the DSM-IV-TR (2000) to support their work with the diagnostic exercises. The clinical profiles provide students with a wide range of experience in formulating diagnoses. Some of the clients present students with relatively straightforward choices. For example, students are asked to compare the accuracy and utility of classifying Erica’s behavior, following a death, as more representative of an Adjustment Disorder or Bereavement (chapter 18). However, other clients provide complex diagnostic choices. For Aaron (chapter 6), students need to consider whether his symptoms are best explained through a diagnosis of Schizophrenia, a Substance Abuse Disorder, or if he is a dual diagnosis case.
WHAT IS THE TEXT’S APPROACH TO DIVERSITY?

The clinical profiles expose the interviewer to issues in human diversity and how these issues might influence the interviewing and diagnostic processes. Assessing a client who differs from the intended interviewer in terms of age, ethnicity, gender, national origin, socioeconomic status, religion, and so forth can be used as an eye-opener to students, driving home the point that effective interviewing must be flexible if it is to adequately address the needs of diverse people.

The student is exposed to the feelings, thoughts, actions, and interpersonal styles of diverse clients and how these factors might influence the course of the interview. For example, Jie (chapter 4), a Taiwanese university student, comes to the interview asking for help with academic problems. The profile explains that Jie will be embarrassed and confused if the interviewer asks any emotionally focused questions because he considers it immature to express or discuss emotions. Raoul (chapter 17) is living in a community that holds many prejudices against Mexican Americans. As a result, Raoul is highly suspicious of how the interviewer may view Mexican Americans. His client profile indicates that he will only begin to open up during the interview situation if the interviewer demonstrates respect for his heritage. If the interviewer does not, Raoul will stay quiet, noncommunicative, and subtly hostile. Raoul is not paranoid. The detail provided in his profile helps students, who are unfamiliar with the types of experiences that Raoul has been through, recognize that his behavior reflects a realistic response to past prejudice.

Mary (chapter 7), of European-American heritage, is struggling to grieve for her husband after his sudden death. Her profile reveals that her cultural and religious beliefs dictate self-sufficiency, emotional control, and altruism to one’s children. These beliefs keep her from asking for the help she needs during this tragic period in her life.

The personal details provided for Jie, Raoul, Mary, and the other clients give students an opportunity to understand the worldview of clients who may be very different from themselves. In the exercises that follow each profile, students are guided to seriously reflect on what differences might exist between themselves and the client. First, they write down what they think might be most difficult about establishing rapport with the client based on their own age, ethnicity, gender, socioeconomic status, sexual orientation, religion, physical characteristics, and personality style. Then, they are asked to consider what specifically might happen between themselves and the client as they begin the interview process. Finally, they are asked to consider what they could do to enhance their ability to establish an effective working relationship with the client.

Chapter 1 of this text provides a brief introduction to how diversity issues might influence the interviewing process. Chapter 2 provides a brief introduction to how diversity issues might influence the accuracy of DSM-IV-TR diagnoses. If you want your students to have more background in these issues, you can refer them to Suggestions for Further Reading (p. 251).

WHAT IS THE TEXT’S APPROACH TO CRISIS INTERVENTION?

Clinical profiles and exercises provide students with challenges/crises that may arise during an interview with clients who are psychotic, violent, suicidal, or difficult to work with for a variety of other reasons. For example, the exercises will help them practice assessing for suicide risk using the case of Mary (chapter 7) and violence risk using the case of Gary (chapter 12). Is a client psychotic or under the influence of drugs? Students will have an opportunity to assess this using the case of Aaron (chapter 6). Students will also gain practice responding to many other “tough moments” in treatment such as David’s sexual overtures (chapter 10) and Sabina’s questions about their knowledge of Islam (chapter 20).

WHICH CLIENT PROFILES ARE OF VALUE TO YOU?

You may not have the interest or class time available to cover all of the available client profiles. The Table of Contents provides you with a brief overview of every chapter. You can use this
to make strategic selections to meet the needs of your course. Tables 1–3 can also be used to select chapters. They organize the material covered in chapters 3–22 in three different formats for easy reference. If you want your students to practice particular interviewing skills, you can consult Table 1 to get a quick reference to the chapters that provide practice exercises in these skills. You can then also select matching skill-building worksheets from the Appendix. If you want your students to gain practice thinking through specific diagnostic issues, Table 2 provides a quick reference for which diagnoses are covered within each chapter. Finally, Table 3 summarizes which chapters cover special topics in interviewing such as aggression, culture, psychosis, substance abuse, suicide, and so forth. This table also indicates the cultural background of each client. These three tables are located directly after the Preface for Students/Trainees.

WHERE DID THE TEXT CLIENTS COME FROM?

The profiles represent composites of case information collected over years of clinical practice and do not represent any real person seen currently, or in the past, by Dr. Berman or Dr. Shopland. The authors have a combined total of thirty-one years of clinical practice. Many of the people they came in contact with, during this time, served as inspiration for certain details contained within the profiles.
Preface for Students/Trainees

This book contains twenty client profiles to use in practicing interviewing and diagnostic skills. Ten profiles are of adult cases ranging in age from eighteen to seventy (chapters 3–12). Ten profiles are of child or teen cases ranging in age from seven to seventeen (chapters 13–22). In addition to age, the twenty profiles vary in terms of ethnicity, gender, national origin, religion, socioeconomic status, presenting problems, and level of problem severity.

You can simply read through these profiles and then complete the three sets of exercises that follow them. These exercises help you develop diagnoses using the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR), deepen your interviewing skills, and practice responding to important clinical issues as they relate to the client. You can develop your skills more quickly if you use the clinical profiles in role-play practice with interviewing skills.

In basic role playing, students are divided into teams of two. Before each practice session, one student reads a client profile and prepares to take on the role of “client.” The profile contains information about the feelings, thoughts, actions, and interpersonal patterns of the client as he or she participates in a diagnostic intake or initial interview. This allows the student to realistically portray the client and thus be an effective partner for the student taking the interviewer role.

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be used in role-play sessions of (a) helping the client identify personal goals, (b) helping the client identify problems that need to be solved, (c) collaborating on a treatment plan, and (d) carrying out intervention sessions.

Each client chapter contains exercises covering three or four of the text’s highlighted interviewing skills of attending, open-ended and closed questions, reflective listening, responding to nonverbal behavior, empathetic comments, summarizing, redirecting, supportive confrontation and process comments.

Although these highlighted skills are just a selection from a vast arena of other available techniques that you might want to practice, they are comprehensive enough to help you build an effective working relationship with the client, define the issues that need to be worked through in treatment, and bring the client’s attention to issues of importance when and if the interviewing session gets off course. Once this basic list of skills is mastered, you can easily add other skills to your interviewing and intervention repertoire. If you want to have a brief review of these highlighted interviewing skills, read chapter 1 of this text and fill out any of the worksheets in the Appendix that you consider appropriate to your skill building. Otherwise, skip chapter 1 and proceed to the client chapters and begin practicing your interviewing skills.

WHAT IS THE TEXT’S APPROACH TO DIAGNOSIS?

Following each client profile, the text provides a set of exercises to help you develop DSM-IV-TR diagnoses that accurately balance the impact of individual, situational, and biological factors on the client’s behavior. Exercises first ask you to work methodically from Axis I to Axis V considering what diagnostic choices are most appropriate for the client. Then, you are asked to go in reverse from Axis V through to Axis I. This backward review is to help you reconsider whether a proper balance of individual, situational, and biological factors has been reflected in the diagnostic choices. Once this first reverse review is conducted, the exercises prompt you to complete a second backward review. In this review, you take on the client’s point of view and consider how this individual would react to the diagnostic choices that have been made. The intent of this three-pronged approach is to make you aware of potential biases that may have entered into your diagnoses and correct them before they can lead to negative consequences for the client.

Chapter 2 of this text provides a brief review of issues related to diagnosis and guides you through a basic understanding of Axes I–V. If you do not need this review, skip chapter 2 and proceed to the client profiles that begin at chapter 3. You will need a copy of the DSM-IV-TR (2000) to support your work with the diagnostic exercises. The clinical profiles provide you with a wide range of experience in formulating diagnoses. Some of the clients present you with relatively straightforward choices. For example, you are asked to compare the accuracy and utility of classifying Erica’s behavior, following a death, as more representative of an Adjustment Disorder or Bereavement (chapter 18). However, other clients provide complex diagnostic choices. For Aaron (chapter 6), you need to consider whether his symptoms are best explained through a diagnosis of Schizophrenia, Substance Abuse Disorder, or if he is a dual diagnosis case.

WHAT IS THE TEXT’S APPROACH TO DIVERSITY?

The clinical profiles expose you to issues in human diversity and how these issues might influence the interviewing and diagnostic process. Assessing a client who differs from you in terms of age, ethnicity, gender, national origin, socioeconomic status, religion, and so forth
can be used as an eye-opener. You need to learn to respond flexibly to clients so that you can address the needs of diverse people.

To help you gain this flexibility, you are exposed to the feelings, thoughts, actions, and interpersonal styles of diverse clients and how these factors might influence the course of the interview. For example, Jie (chapter 4), a Taiwanese university student, comes to the interview asking for help with academic problems. The profile explains that Jie will be embarrassed and confused if you ask any emotionally focused questions because he considers it immature to express or discuss emotions. Raoul (chapter 17) is living in a community that holds many prejudices against Mexican Americans. As a result, Raoul is highly suspicious of how you view Mexican Americans. His client profile indicates that he will only begin to open up during the interview situation if you demonstrate respect for his heritage. If you do not, Raoul will stay quiet, noncommunicative, and subtly hostile. Raoul is not paranoid. The detail provided in his profile helps you, if you are unfamiliar with the types of experiences that Raoul has been through, recognize that his behavior reflects a realistic response to past prejudice.

Mary (chapter 7), of European-American heritage, is struggling to grieve for her husband after his sudden death. Her profile reveals that her cultural and religious beliefs dictate self-sufficiency, emotional control, and altruism to one’s children. These beliefs keep her from asking for the help she needs during this tragic period in her life.

The personal details provided for Jie, Raoul, Mary, and the other clients give you an opportunity to understand the worldview of clients who may be very different from yourself. In the exercises that follow each profile, you are guided to seriously reflect on what differences might exist between yourself and the client. First, you write down what you think might be most difficult about establishing rapport with the client based on your own age, ethnicity, gender, socioeconomic status, sexual orientation, religion, physical characteristics, and personality style. Then, you are asked to consider what specifically might happen between yourself and the client as you begin the interview process. Finally, you are asked to consider what you could do to enhance your ability to establish an effective working relationship with the client.

Chapter 1 of this text provides a brief introduction to how diversity issues might influence the interviewing process. Chapter 2 provides a brief introduction to how diversity issues might influence the accuracy of DSM-IV-TR diagnoses. If you want to have more background in these issues, consult Suggestions for Further Reading (p. 251).

WHAT IS THE TEXT’S APPROACH TO CRISIS INTERVENTION?

Clinical profiles and exercises provide you with challenges/crises that may arise during an interview with clients who are psychotic, violent, suicidal, or difficult to work with for a variety of other reasons. For example, the exercises will help you practice assessing for suicide risk using the case of Mary (chapter 7) and violence risk using the case of Gary (chapter 12). Is a client psychotic or under the influence of drugs? You will have an opportunity to assess this using the case of Aaron (chapter 6). You will also gain practice responding to many other tough moments in therapy such as David’s sexual overtures (chapter 10) and Sabina’s questions about your knowledge of Islam (chapter 20).

WHICH CLIENT PROFILES ARE OF VALUE TO YOU?

You may not have the interest or class time available to cover all of the available client profiles. The Table of Contents provides you with a brief overview of every chapter. You can use this to make strategic selections to meet your needs. Tables 1–3, which follow this preface, can also be
used to select chapters. They organize the material covered in chapters 3–22 in three different formats for easy reference. If you want to practice particular interviewing skills, you can consult Table 1 to get a quick reference to the chapters that provide practice exercises in these skills. You can then also select matching skill-building worksheets from the Appendix. If you want to gain practice thinking through specific diagnostic issues, Table 2 provides a quick reference for which diagnoses are covered within each chapter. Finally, Table 3 summarizes which chapters cover special topics in interviewing such as aggression, culture, psychosis, substance abuse, suicide, and so forth. This table also indicates the cultural background of each client.
### TABLE 1:
*Interviewing Skills Across Chapters*

<table>
<thead>
<tr>
<th>Skills</th>
<th>Chapter and Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonverbal Attending</td>
<td>CH 4: Jie, CH 6: Aaron, CH 7: Mary, CH 12: Gary, CH 18: Erica*, CH 20: Sabina</td>
</tr>
<tr>
<td>Process Comments</td>
<td>CH 11: Lisa, CH 12: Gary, CH 17: Raoul*, CH 20: Sabina*, CH 22: Cathy*</td>
</tr>
<tr>
<td>Redirecting</td>
<td>CH 8: Mark, CH 9: Sarah, CH 10: David, CH 18: Erica*, CH 21: Alex</td>
</tr>
<tr>
<td>Reflective Listening</td>
<td>CH 5: Brenda, CH 6: Aaron, CH 7: Mary, CH 8: Mark, CH 14: Jeffrey*, CH 15: Melissa*, CH 17: Raoul*, CH 19: Joseph*, CH 20: Sabina*</td>
</tr>
<tr>
<td>Summarizing</td>
<td>CH 4: Jie, CH 5: Brenda, CH 11: Lisa, CH 13: Cynthia*, CH 21: Alex*, CH 22: Cathy*</td>
</tr>
<tr>
<td>Supportive Confrontation</td>
<td>CH 10: David, CH 12: Gary, CH 17: Raoul*, CH 19: Joseph*</td>
</tr>
</tbody>
</table>

* Represents a child or teen case; CH stands for chapter.
<table>
<thead>
<tr>
<th><strong>Diagnosis</strong></th>
<th><strong>Chapter/Client</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment Disorder</td>
<td>CH 3: Monisha, CH 4: Jie, CH 9: Sarah, CH 11: Lisa, CH 15: Melissa*, CH 16: Erica*</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>CH 4: Jie</td>
</tr>
<tr>
<td>Bereavement</td>
<td>CH 7: Mary, CH 18: Erica*</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>CH 13: Cynthia*</td>
</tr>
<tr>
<td>Child or Adolescent Antisocial Behavior</td>
<td>CH 20: Sabina*</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>CH 17: Raoul*, CH 19: Joseph*</td>
</tr>
<tr>
<td>Eating Disorder NOS</td>
<td>CH 13: Cynthia*</td>
</tr>
<tr>
<td>Identity Problem</td>
<td>CH 20: Sabina*</td>
</tr>
<tr>
<td>Intermittent Explosive Disorder</td>
<td>CH 12: Gary</td>
</tr>
<tr>
<td>Learning Disorder</td>
<td>CH 16: Edward*</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>CH 5: Brenda, CH 7: Mary, CH 14: Jeffrey*</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>CH 14: Jeffrey*, CH 21: Alex*</td>
</tr>
<tr>
<td>Parent–Child Relational Problem</td>
<td>CH 21: Alex*</td>
</tr>
<tr>
<td>Phase of Life Problem</td>
<td>CH 11: Lisa</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>CH 8: Mark, CH 22: Cathy*</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>CH 6: Aaron</td>
</tr>
<tr>
<td>Separation Anxiety Disorder</td>
<td>CH 19: Joseph*</td>
</tr>
<tr>
<td>Sexual Abuse of Child</td>
<td>CH 22: Cathy*</td>
</tr>
<tr>
<td>Substance-Related Disorders</td>
<td>CH 6: Aaron, CH 10: David, CH 12: Gary, CH 17: Raoul*</td>
</tr>
</tbody>
</table>

*Represents a child or teen case; CH stands for chapter.
### TABLE 3:
**Thought Issues Across Chapters**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Chapter and Case</th>
<th>Cultural Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent Father/Single Parent</td>
<td>CH 13: Cynthia*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 16: Edward*</td>
<td>African-American</td>
</tr>
<tr>
<td>Aggression/Violence</td>
<td>CH 12: Gary</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 14: Jeffrey*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 21: Alex*</td>
<td>European-American</td>
</tr>
<tr>
<td>Bereavement</td>
<td>CH 3: Monisha</td>
<td>African-American</td>
</tr>
<tr>
<td></td>
<td>CH 7: Mary</td>
<td>European-American</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>CH 15: Melissa*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 17: Raoul*</td>
<td>Mexican-American</td>
</tr>
<tr>
<td>Culture</td>
<td>CH 4: Jie</td>
<td>Taiwanese</td>
</tr>
<tr>
<td></td>
<td>CH 7: Mary</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 13: Cynthia*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 16: Edward*</td>
<td>African-American</td>
</tr>
<tr>
<td></td>
<td>CH 17: Raoul*</td>
<td>Mexican-American</td>
</tr>
<tr>
<td></td>
<td>CH 19: Joseph*</td>
<td>Biracial: European-Puerto Rican</td>
</tr>
<tr>
<td></td>
<td>CH 20: Sabina*</td>
<td>Bangladeshi-American</td>
</tr>
<tr>
<td>Custody</td>
<td>CH 15: Melissa*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 19: Joseph*</td>
<td>Biracial: European-Puerto Rican</td>
</tr>
<tr>
<td>Development</td>
<td>CH 5: Brenda</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 13: Cynthia*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 18: Erica*</td>
<td>European-American</td>
</tr>
<tr>
<td>Gender</td>
<td>CH 5: Brenda</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 11: Lisa</td>
<td>European-American</td>
</tr>
<tr>
<td>Health</td>
<td>CH 9: Sarah</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 11: Lisa</td>
<td>European-American</td>
</tr>
<tr>
<td>Individual vs. Family Treatment</td>
<td>CH 15: Melissa*</td>
<td>European-American</td>
</tr>
<tr>
<td>Medication</td>
<td>CH 5: Brenda</td>
<td>European-American</td>
</tr>
<tr>
<td>Issue</td>
<td>Chapter and Case</td>
<td>Cultural Background</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Narrow vs. Wide Treatment Focus</td>
<td>CH 3: Monisha</td>
<td>African-American</td>
</tr>
<tr>
<td>Poverty</td>
<td>CH 16: Edward*</td>
<td>African-American</td>
</tr>
<tr>
<td></td>
<td>CH 17: Raoul*</td>
<td>Mexican-American</td>
</tr>
<tr>
<td></td>
<td>CH 19: Joseph*</td>
<td>Biracial: European-Puerto Rico</td>
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<tr>
<td>Psychosis</td>
<td>CH 6: Aaron</td>
<td>African-American</td>
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<tr>
<td>Personal boundaries</td>
<td>CH 9: Sarah</td>
<td>European-American</td>
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<tr>
<td></td>
<td>CH 18: Erica*</td>
<td>European-American</td>
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<tr>
<td>Racism</td>
<td>CH 17: Raoul*</td>
<td>Mexican-American</td>
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<tr>
<td>Reaction to Trauma</td>
<td>CH 8: Mark</td>
<td>European-American</td>
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<tr>
<td>Religion</td>
<td>CH 7: Mary</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 18: Erica*</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 20: Sabina*</td>
<td>Bangladeshi-American</td>
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<tr>
<td>Self-Awareness of Interviewer</td>
<td>All chapters</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>CH 7: Mary</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 22: Cathy*</td>
<td>European-American</td>
</tr>
<tr>
<td>Sexual overtures</td>
<td>CH 10: David</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 22: Cathy*</td>
<td>European-American</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>CH 6: Aaron</td>
<td>African-American</td>
</tr>
<tr>
<td></td>
<td>CH 10: David</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 12: Gary</td>
<td>European-American</td>
</tr>
<tr>
<td>Suicide</td>
<td>CH 7: Mary</td>
<td>European-American</td>
</tr>
<tr>
<td></td>
<td>CH 14: Jeffrey*</td>
<td>European-American</td>
</tr>
</tbody>
</table>

*Represents a child or teen case; CH stands for chapter.
INTRODUCTION
If you feel confident that you are ready to practice your interviewing skills, skip this chapter and proceed to the client profiles in chapters 3–22. If you prefer to review some basic interviewing skills before you begin to practice, then read the following descriptions of interviewing skills. They are only a small selection from a vast arena of useful interviewing skills. It is a bias of this text that intensely covering a small group of skills may produce a more competent beginning interviewer than briefly covering a larger set of skills. After mastering this short list, students can increase their repertoire fairly easily through direct instruction or further reading. The short list highlighted in this chapter will help the interviewer achieve the goals of the intake or initial interview, which include gaining an in-depth understanding of both client strengths and client weaknesses or areas of difficulty; and identifying, with the client, appropriate goals if treatment is recommended.

WHY WERE CERTAIN SKILLS SELECTED?

The skills of open-ended and closed questioning are introduced because they help interviewers engage clients in a review of their lives so that intake or initial interview goals can be achieved. Nonverbal attending, responding to client’s nonverbal behavior, reflective listening, empathetic comments, and summarizing are introduced to help interviewers demonstrate not only interest, respect, and caring for their clients, but also accurate understanding of their clients’ lives. Finally, because the intake process can sometimes get off track with difficult clients, the skills of making process comments, redirecting, and supportive confrontation are introduced. These skills help interviewers respectfully re-engage clients in a discussion of relevant issues. These interviewing skills are now discussed in more depth.

WHAT IS ATTENDING BEHAVIOR?

If you show attending behavior, it means you are using verbal and nonverbal behavior that allows the client to see that you are listening carefully and trying to understand fully what is being said. This type of behavior will help your clients develop trust in you, open up and reveal their concerns to you, and thoughtfully explore issues that are relevant to their problems with you (Egan, 1994, p. 91).
What Is Verbal Attending?

Verbal attending behavior includes things such as your tone of voice, rate of speech, sighs, and uhums. Verbal signs of interest, such as the classic “uhum” also encourage a client to keep talking. Accurate summaries, reflections, and empathetic comments also show the client that you are listening carefully and understanding the importance of what is being said.

What Is Nonverbal Attending?

Nonverbal attending behavior can include things such as eye contact, orientation of your body vis-à-vis the client, body posture, facial expressions, use of pauses in the conversation, your attire, and your autonomic behavior (breathing rate, perspiration rate). Clients react to their interviewer’s nonverbal behavior. When the interviewer’s tone of voice and nonverbal behavior indicate warmth and genuineness, rapport is enhanced because the client feels respected and valued. If verbal and nonverbal behaviors are incongruent, the client is likely to trust the nonverbal message over the verbal one. For example, if the interviewer’s tone of voice and nonverbal behavior indicate boredom, the client will not feel listened to or valued no matter how much the interviewer expresses caring thoughts.

There are no universal criteria for what is appropriate or inappropriate nonverbal attending. Nonverbal attending behavior varies across ethnic and racial groups as well as across individuals within an ethnic or racial group. Thus, while it is valuable to be aware of differences that might be present in a group’s nonverbal attending, don’t assume these differences will exist for a specific client. Sue and Sue (2002, chap. 5) and Ivey, Gluckstern, and Ivey (1997, pp. 19–20) strive to educate helpers about the nonverbal behaviors that might vary between different cultural and ethnic groups. The basic European-American model, which they believe pervades many training programs, suggests that providing direct eye contact is a sign of respect. These authors stress that this model does not hold for many individuals from other ethnic and cultural backgrounds. For example, Ivey et al. (1997) indicate that some Southwest Native Americans may consider eye contact a sign of aggression. The fact that you may not be familiar with the attending behavior of some of your clients and they may not be familiar with yours may cause a subtle barrier to clear communication. To try and prevent these misunderstandings from happening, work to become aware of your own attending behavior and how it might be influenced by differences between yourself and others. Then, openly discuss with your clients any differences that might exist in nonverbal attending behavior before any misunderstandings occur. The only way to know if there is the potential for nonverbal miscommunication is to directly discuss the issue with the client. Cardemil and Battle (2003) caution helpers not to assume they can tell, by looking at a client, if such ethnic or racial differences exist.

As an example of how this might be addressed in an intake, assume you know that you give a lot of eye contact during an interview to show clients that you are interested in what they are saying. Assume again that you are interviewing a client who comes from an ethnic or racial group where direct eye contact is considered rude. As you introduce yourself to your client, at the beginning of the interview, you might say something like, “I always look people in the eyes when they are talking to me to show respect for them and to show interest in their lives. If this is uncomfortable for you, I will try not to do it.” This comment opens up a conversation between you and the client that can be a useful tool in building rapport. This particular client may or may not find it problematic that you give eye contact. Only by raising the issue can the client have an opportunity to discuss it with you.

If the client tells you that eye contact is offensive, you should try to avoid giving it. It may be difficult to avoid giving eye contact if it is one of your engrained habits. However, because you discussed this behavior pattern at the beginning of the interview, your client might be more understanding of your intent to show respect even if she or he normally views eye contact as disrespectful. Later, if your client is showing signs of discomfort, you will be prepared to recognize that this may be because of something YOU are doing (giving eye contact) rather than it being caused by something else.