



INTERVIEWING FOR HAPPINESS

HOW TO WEAVE POSITIVE PSYCHOLOGY MAGIC
INTO THE INITIAL CLINICAL INTERVIEW

JOHN SOMMERS-FLANAGAN

UNIVERSITY OF MONTANA

MENTAL HEALTH ACADEMY SUPER SUMMIT – OCTOBER 14/15, 2023

JOHN.SF@MSO.UMT.EDU

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WORKSHOP OPENINGS

I HOPE YOU *FEEL*
THE WELCOME 😊

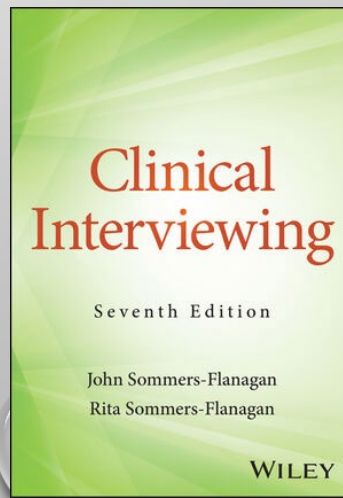


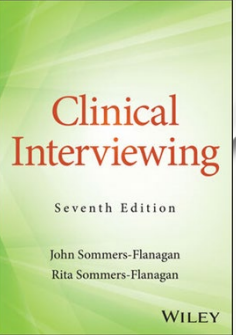
“Good morning, everyone. I brought doughnuts.”



THE PLAN

- **NOT** TOXIC POSITIVITY
- WE CAN AND SHOULD **BE ALONGSIDE CLIENTS** IN THEIR CHALLENGES, PAIN, TRAUMA, AND GRIEF, WHILE ALSO INTEGRATING POSITIVITY AND STRENGTHS
- HOW DO WE DO THIS . . . STEP BY STEP – THROUGH **CLINICAL INTERVIEWING STAGES**



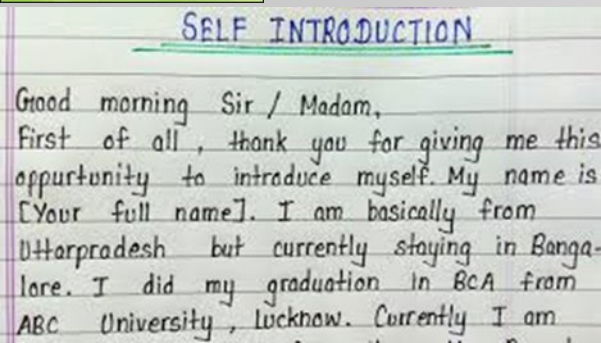
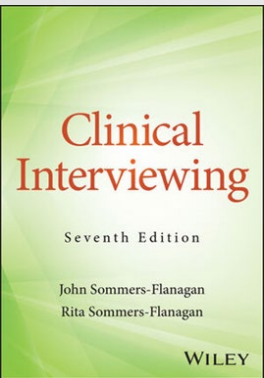


LEARNING OBJECTIVES (YOURS AND MINE)

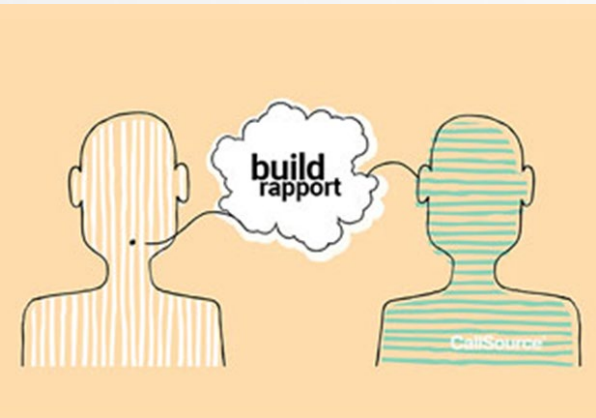
1. DESCRIBE **STAGE AND PROCESS COMPONENTS** OF THE TRADITIONAL CLINICAL “INTAKE” INTERVIEW
2. INTRODUCE STRATEGIES FOR COMING ALONGSIDE CLIENTS IN THEIR PAIN AND DISTRESS, **WHILE ALSO** INTEGRATING POSITIVE PSYCHOLOGY INTO TRADITIONAL CLINICAL INTERVIEWS
3. DISCUSS HOW INTEGRATING POSITIVE PSYCHOLOGY AND SOLUTION-FOCUSED PRINCIPLES INTO INTERVIEWS **IS LIKELY TO AFFECT PSYCHOTHERAPISTS AND CLIENTS.**

STAGE ONE: THE INTRODUCTION

- **FIRST CONTACT** – PHONE, ONLINE, FACE-TO-FACE, VIA PAPERWORK – **THIS IS YOU AND YOUR FIRST IMPRESSION** ON PAPER, ON YOUR DESK, IN YOUR BACKGROUND, ETC. **“I WILL WORK WITH YOU ON THE HARD AND PAINFUL ISSUES AND I WILL FOCUS IN ON YOUR STRENGTHS.”**
- **COMMON FEARS AND DOUBTS** – [18-YEAR-OLD AND ANIMAE: YOU WILL NOT UNDERSTAND ME] – “YOU’RE RIGHT.” UNLESS WE’RE PSYCHIC, **WE CAN’T KNOW THESE IN ADVANCE.** “I WANT TO HEAR YOUR STORY.”
- **CONVERSATION AND SMALL TALK** –EVEN FREUD DID THIS. CULTURALLY DIVERSE (DIFFERENT THAN YOU) CLIENTS MAY NEED MORE SMALL TALK (CHARLAR). WHY? **TRANSPARENCY OR AUTHENTICITY** MAY BE OUR MOST POWERFUL “SKILL” FOR ENGAGEMENT, TRUST, AND RELATIONAL INFLUENCE



STAGE ONE: THE INTRODUCTION – 2



- **GREETINGS AND RAPPORT** – USE A STANDARD GREETING AND FLEX, BASED ON AGE, CULTURE, AND INDIVIDUAL FACTORS. **DEFAULT: WARM AND FRIENDLY, BUT NOT TOO WARM AND FRIENDLY.** BEGIN COLLABORATION IMMEDIATELY: “I LOOK FORWARD TO WORKING WITH YOU” “PLEASE ASK ME QUESTIONS” [PAKISTANI WOMAN HELLO, DUSTY AND HIS HAT, ETC. **ACCEPTANCE AND INTEREST**]
- **ROLE INDUCTION OR AUTHENTIC PURPOSE STATEMENT** – SET THE STAGE. DESCRIBE HOW YOU WORK. MAKE SURE CLIENTS UNDERSTAND WHAT’S EXPECTED OF THEM AND WHAT TO EXPECT FROM YOU. [MY FORMER PSYCHOANALYTIC SUPERVISOR + PARENTING + TRAPPER CREEK]. **WE WILL TALK ABOUT WHAT HURTS AND WE WILL TALK ABOUT WHAT HELPS.**
- **CULTURAL PREPARATION** – **AT MINIMUM READ SOMETHING** [CROW INDIAN CLIENTS AND CHIEF PLENTY COUPS]. **SHARE SMALL PIECES.**

Be different.



STAGE TWO: THE OPENING

- BE INTENTIONAL: **DIFFERENT OPENINGS CREATE DIFFERENT PROCESS AND FOCUS.**
 - HOW CAN I BE OF HELP? [YOU NEED HELP!]
 - TELL ME WHAT BRINGS YOU HERE TODAY. [WHAT'S THE DISTRESS?]
 - **WHAT POSITIVE CHANGES HAVE YOU ALREADY NOTICED?**
 - WHAT WOULD YOU LIKE TO TALK ABOUT?
 - **IF WE HAVE A GREAT MEETING, WHAT WILL WE HAVE ACCOMPLISHED?**
 - CARL ROGERS: "WHATEVER YOU'D LIKE TO TELL ME ABOUT YOUR SELF, I'D BE VERY GLAD TO HEAR."



CONSISTENCY
is



— Always Choose —
EMPATHY

STAGE TWO: THE OPENING – 2

- TJ CLIP – <https://youtu.be/1vbr7cfxzK4>
 - WHAT'S THE OPENING QUESTION?
 - WHY?
 - WHAT'S TJ'S RESPONSE?
 - WHAT'S MY RESPONSE TO TJ'S RESPONSE?

STAGE TWO: THE OPENING – 3

- BE AWARE AND BE INTENTIONAL: AUTHENTIC PURPOSE STATEMENT
- YOU CAN FOCUS ON PROBLEMS OR DISTRESS OR DIAGNOSIS
- YOU CAN ALSO **VISUALLY AND BEHAVIORALLY TRANSFORM PROBLEMS, DISTRESS, AND DX INTO GOALS – FEEL CALMER**



STAGE THREE: THE BODY

- THE BODY OF THE INTERVIEW IS ALL ABOUT **GATHERING INFORMATION** AND/OR **IMPLEMENTING INTERVENTIONS**.
 - QUESTIONS, MSE, SUICIDE ASSESSMENT, PSYCHODIAGNOSTIC INTERVIEW . . .
 - MINDFULNESS MOMENT, BREATHING, DIRECT FEEDBACK, OVERSTATEMENT (“YOU’D LIKE TO DIVORCE YOUR ROOMMATE”), ETC.



STAGE THREE: THE BODY – 2

- FOR EVERY NEGATIVE (PATHOLOGY-FOCUSED) QUESTION . . . ASK AT LEAST ONE POSITIVE (HEALTH-FOCUSED) QUESTION
- RESEARCH ON SUICIDE ASSESSMENT (E.G., PHQ-9; GAD-7)
- WHAT GIVES YOU HOPE?
- WHAT ONE THING WOULD MAKE LIFE WORTH LIVING (OR MAKE YOU A LITTLE HAPPIER/CALMER/ETC.)?
- WHAT ACTIVITIES DO YOU ENJOY (LEAST/MOST)?

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
FOR OFFICE CODING: <u> 0 </u> + <u> </u> + <u> </u> + <u> </u> =Total Score: <u> </u>				
If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	

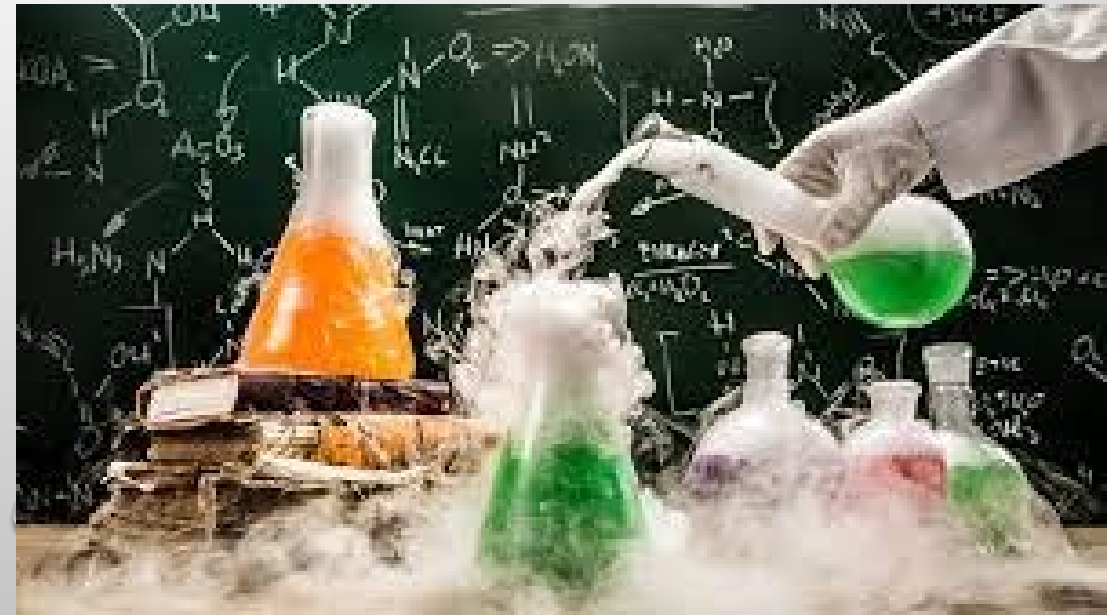
STAGE THREE: THE BODY – 3

- DIAGNOSIS, ALTHOUGH IMPORTANT, IS **ALWAYS SECONDARY TO RELATIONAL FACTORS:**
- IF YOU ONLY ACCOMPLISH ONE THING, **MAKE IT THESE THREE😊**
 - THE EMOTIONAL BOND
 - MUTUAL GOALS
 - COLLABORATIVE THERAPEUTIC TASKS



STAGE THREE: THE BODY – 4

- IN AN INITIAL INTERVIEW, ALL INTERVENTIONS YOU TRY ARE ALWAYS TRIAL INTERVENTIONS (LIKE TRIAL INTERPRETATIONS)
- **TRY SOMETHING OUT** [EXPERIMENT]
 - WATCH FOR CLIENT RESPONSE
 - ASK FOR CLIENT FEEDBACK
 - INTEGRATE RESPONSE/FEEDBACK
 - **GET OUT STORY**



THE BODY – EXAMPLE

BUILDING HOPE FROM THE BOTTOM UP

- YOU ASK: “WHAT HELPS?” YOUR CLIENT SAYS . . .
- “I’VE TRIED EVERYTHING. **NOTHING HELPS.** I WILL BE DEPRESSED FOREVER.”
- T – “IT’S SO BAD. **IT FEELS LIKE** YOU’VE TRIED EVERYTHING.” [THIS IS CR WITH A TWIST: WHAT’S THE CLIENT REACTION?]
- C – “IT’S JUST HOPELESS”
- T – “WHAT WAS **THE WORST IDEA EVER.** THE WORST THING YOU EVER TRIED? [THIS IS **BUILDING HOPE FROM THE BOTTOM UP.**]



STAGE FOUR: THE CLOSING



- PROVIDE SUPPORT, REASSURANCE, AND HOPE (“I THINK THERAPY CAN HELP”)
- REVISIT ROLE INDUCTION – HOW WILL WE WORK TOGETHER GOING FORWARD?
- CONNECT THERAPY TASKS TO GOALS: CASE FORMULATION AND PROGRESS MONITORING. **PROVIDE A RATIONALE FOR POSITIVITY**
- COLLABORATIVELY SUMMARIZE: WHAT WILL YOU REMEMBER? WHAT FELT IMPORTANT? BE SURPRISED!

STAGE FOUR: POSITIVITY RATIONALE



- **YOU:** IT'S ALL NATURAL AND YET NOT HELPFUL FOR US TO OVER-FOCUS ON THE NEGATIVE, TO THINK ABOUT **“WHAT’S WRONG WITH ME?”** AND MINIMIZE OR DISMISS POSITIVE THOUGHTS ABOUT OURSELVES.
- **CLIENT:** I KNOW. I DO IT ALL THE TIME.
- **YOU:** THAT’S WHY, SOMETIMES IN HERE, **WE WILL INTENTIONALLY STEP AWAY FROM THE NATURAL NEGATIVE THINKING,** AND WORK TO STRENGTHEN YOUR ABILITY TO SEE, FEEL, AND EXPERIENCE THE POSITIVE.
[**MUSCLE METAPHOR**]

VIDEO CLIP: LUIS – [HTTPS://YOUTU.BE/JE T-Q8WNR8](https://youtu.be/je_t-q8wnr8) OPTIONAL

1. LUIS HAS BEEN TALKING ABOUT HIS DRINKING, INCLUDING BINGE DRINKING
2. WHEN LUIS GETS THROUGH 4 DRINKS, HE LOSES INHIBITION
3. CONTROL IS IMPORTANT TO LUIS
4. I FRAME AND OFFER “ADVICE” – WATCH FOR LUIS’S RESPONSES

STAGE FIVE: TERMINATION (BUT DON'T SAY IT)

- TIME BOUNDARIES
- PARTING WORDS
- POSITIVE SUGGESTION [FOR THE NEXT TIME WE MEET, I'LL BE
LOOKING FORWARD TO HEARING ABOUT . . .]



WHAT HAPPENS TO COUNSELORS AND CLIENTS WHEN THERE'S A POSITIVE FOCUS?

- MOSTLY, I WANT TO KNOW **YOUR ANSWERS** FOR YOU AND YOUR CLIENTS? **WHAT DO YOU THINK WILL HAPPEN?**
- MY EXPERIENCE: I CAN NOW USE POSITIVE REFRAMES MUCH MORE EASILY WITH MYSELF AND MY CLIENTS AND MY STUDENTS/SUPERVISEES. . . **LIKE THE MUSCLE METAPHOR**
CLIENTS BEGIN TO KNOW AND ANTICIPATE WHAT I'M DOING AND SOMETIMES INTERNALIZE THAT VOICE (**DUSTY SKILLS**)



SUMMARY AND CONCLUSIONS

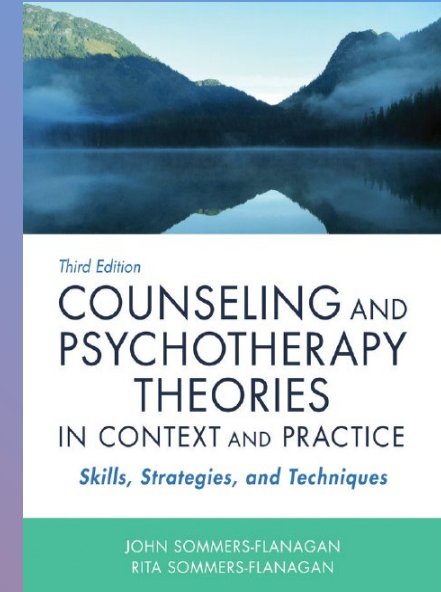
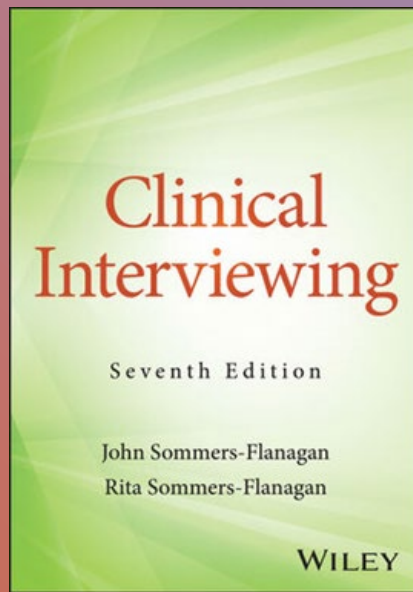
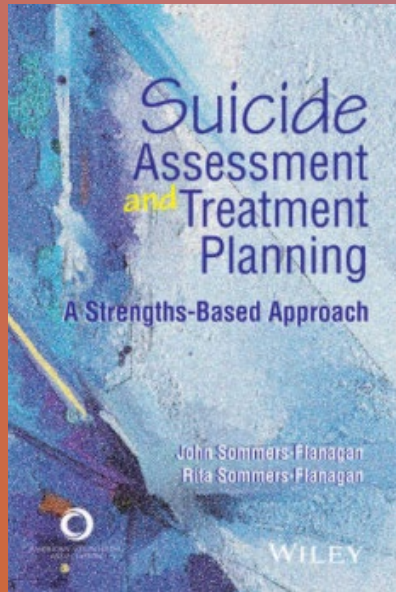
- FIVE STAGES: YOU **CREATE POSITIVITY** IN THE PROCESS, AND FOCUS ON SOLUTIONS WHEN YOU CAN.
- EVERY REFLECTION, QUESTION, AND SUMMARY CAN **INTRODUCE POSITIVE CONTENT**. PROVIDE YOUR RATIONALE.
- CLIENTS WILL CATCH OR PUSH BACK ON POSITIVE CONTENT. IN THIS SENSE, POSITIVE REFRAMING (AND OTHER METHODS) ARE LIKE TRIAL INTERPRETATIONS. **LET THEM PUSH BACK. ACCEPT IT.** GO BACK TO REFLECTIONS AND EMPATHY.

CLOSING

- WHAT DO YOU **WANT TO REMEMBER** FROM OUR TIME TOGETHER TODAY?

BOOKS BY...

JOHN AND RITA SOMMERS-FLANAGAN



FINAL QUESTIONS & RESPONSES

- WHAT QUESTIONS DO YOU HAVE FOR ME?

