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Psychiatric Interviewing Techniques
V. Experimental Study: Eliciting Factual Information

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Summary: Four experimental interview styles, each recommended by experts in the field, were compared for their efficiency in eliciting factual information during the initial diagnostic interviews with the mothers of children referred to a psychiatric out-patient clinic. If encouraged to talk freely, mothers tended to mention most (but not all) key issues without the need for standardized questioning on a pre-determined range of topics. However, systematic questioning was essential in order to obtain good quality factual data. Better data were obtained when interviewers were sensitive and alert to factual cues and chose their probes with care. Clinically significant factual information, idiosyncratic to the family and outside the range of standard enquiry was common, but was obtained satisfactorily with all four styles. No one style was generally preferred by informants. The advantages of systematic questioning for obtaining factual information were not associated with any disadvantages with respect to the eliciting of emotions and feelings.

Clinicians remain divided on the most appropriate and effective means of obtaining valid factual information for diagnostic purposes. Some have argued that whereas patients and clients know best what concerns or worries them, nevertheless the clinician is in a better position to determine which data are needed in order to make a thorough diagnostic evaluation. The patient may not appreciate the relevance of many factual items that are crucial for diagnosis or the planning of treatment. Accordingly, a comprehensive series of standard questions is often advocated in order to be sure that there has been systematic coverage of all relevant areas (Spitzer *et al*, 1970). Moreover, it is often argued that even this is not enough, in that the initial replies may be ambiguous, contradictory or not sufficiently full to deal with that problem, and Wing *et al* (1967) have suggested that probing and specific cross-questioning are needed to get an accurate picture of actual behaviour.

Other clinicians have taken a very different position. Thus, it has been said that the "unrelenting, massive concentration of the structured clinical-type interview on psychopathology" may generate such resistance and resentment in non-patients that the information given may be inaccurate and misleading (Srole and Fischer, 1980). This would seem to suggest that a structured approach might not be advisable with the parents of child patients, in that the parents may object to the intrusiveness of a cross-examination style interview. Structured questioning has also been objected to on the different grounds that the patient appreciates which are the meaningful topics for him (Finesinger, 1948) and that the establishment of a personal relationship between doctor and patient and the therapeutically crucial opportunity of spontaneously revealing himself should take precedence over the mere collection of factual data (Balint and Balint, 1961; Gill *et al*, 1954).

The resolution of these differences and the determination of the most effective style of diagnostic interviewing is an important matter. On the one hand, it would be agreed by most clinicians that a good diagnostic formulation requires a great deal of detailed factual information—not only on symptomatology but also on family life and characteristics, on social functioning and psychosocial stresses. Accordingly, it is necessary to determine which interview style gathers this information most effectively. On the other hand, it is also necessary to elicit personal feelings and emotions and to obtain the patient or client's trust in a way that fosters the development of a good therapeutic relationship. As a result, it is equally necessary to assess the effects of different interview styles on these aspects too.

Relatively little is known on either point. Marquis

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et al (1972) found that specific detailed structured questions produced fuller information than did free reporting; however, this applied to an experimental situation which may have little relevance for clinical evaluations. Graham and Rutter (1968) also found that specific questioning gave both more extensive and more reliable data than did spontaneous reporting, but although this study concerned psychiatric appraisals it involved general population families and not people who had sought clinical help. Perhaps the two most relevant studies are those by Saghir (1971) and by Cox *et al* (1981, II).

Saghir (1971) compared a highly structured interview with a more traditional free style interview with adult psychiatric patients. The former gave better data on the present mental state, but its effects on the eliciting of emotions or the establishment of a relationship were not assessed. Cox *et al* (1981, II), in a study of interviews with the parents of children attending a psychiatric clinic, also found that systematic questioning produced better factual data, apparently without detriment to the expression of feelings and emotions. However, the conclusions of the study were limited both by the fact that it was non-experimental and because the interviews were conducted by psychiatric trainees rather than experienced clinicians. The experimental study reported here was designed to meet these objections by comparing four very different, but widely advocated, interview styles each conducted by an experienced clinician. The research strategy and the evidence showing that the experimental styles were in actuality different in the expected direction are reported in Rutter *et al* (1981). The effects of the four interview styles on the elicitation of feelings are reported in Cox *et al* (1981, VI).

Methods

Four contrasting interview styles were compared, chosen on the basis of an earlier naturalistic study (Rutter and Cox, 1981) which had suggested the importance of four active techniques for obtaining detailed factual information (Cox *et al*, 1981, II) and five active techniques for eliciting emotional feelings (Hopkinson *et al*, 1981). The experimental styles derived from these findings consisted of the four permutations based on combinations of high and low usage of these two sets of active techniques.

The first, designated a *sounding board* style, approximated to a style based on a low usage of both sets of techniques and was nearest to the minimal activity psychiatric interviewing methods advocated by Finesinger (1948). The second, designated an *active psychotherapy* style, involved a low use of active fact-oriented techniques and a high use of active feeling-oriented techniques. It was nearest to the diagnostic approach advocated by psychotherapists such as Balint (Balint and Balint, 1961) and Gill (Gill *et al*, 1954). The third, *structured* style, was based on a high use of active fact-oriented techniques and was closest to the present state examination developed by Wing and his colleagues (1967 and 1977). The fourth, *systematic exploratory* style, involved a high use of both fact-oriented and feeling-oriented techniques. It was fairly close to a manner of interviewing which has many advocates but which may be exemplified by the techniques developed by Brown and Rutter (Brown and Rutter, 1966; Rutter and Brown, 1966; Quinton *et al*, 1976).

Using quantified measures of tested reliability (Rutter and Cox, 1981), these four experimental styles were compared and found to be markedly different in the manner required by their operational definition (Rutter *et al*, 1981). Moreover, not only were the styles designed to be similar to styles practiced and recommended by experts in the field, but also the two experienced clinicians who utilized all four styles found that it was readily possible to keep to the rules of the operational criteria and yet still feel and appear natural and interested and responsive to the informant.

The experimental design involved the study of the initial interviews with the mothers of children referred to the Maudsley Hospital psychiatric out-patient department. Each mother was interviewed twice, a different style being employed on each occasion by a different interviewer. Six mothers received the structured style first and the sounding board second; six had the same interviews in the reverse order; six had the active psychotherapy style first and the systematic exploratory second; and six had the same two interviews in the reverse order. Mothers were randomly allocated to the four conditions. Two experienced interviewers were used and each did an equal number of first and second interviews and an equal number of interviews with each style. For each pair of styles a three-factor, repeated measures, analysis of variance was performed to test for differences between styles and between interviewers and for order effects. Because a pairing was made on the basis of active fact-oriented techniques, the effects of active feeling-oriented techniques could be examined only by comparisons across groups. The statistical model is described in paper IV (Rutter *et al*, 1981).

All interviews were with the mother on her own and all were undertaken in the same room with facilities which allowed the interview to be video and audio-taped in full with the mother's prior consent and approval. The two experimental interviews took place during the usual waiting period for a diagnostic appointment, with a gap of one to three weeks between

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interviews. Families were excluded where the parents were immigrant or where colloquial English was not the usual language spoken at home. In addition referrals made for a second opinion or to consider admission to hospital were excluded, as were cases in which psychosis, mental retardation or marked organic problems were suspected. All interviews were analysed in detail by someone other than either of the two interviewers using measures of tested reliability (Rutter and Cox, 1981).

Results

Topic coverage

As shown in Table I, the two styles which employed active fact-gathering techniques (*structured* and *systematic exploratory*) identified significantly more symptoms which were present. They also identified rather more family problems, but this difference fell short of statistical significance. The findings confirm those of the naturalistic study (Cox *et al*, 1981, II) in indicating that if mothers who have sought help with their children are encouraged to express their concerns in their own way they mention nearly (but not quite) as many problems as when systematic questioning of an active type is employed. This is because in the less structured and probing styles (*active psychotherapy* and *sounding board*) the mothers were somewhat more likely to spontaneously mention symptoms (7.8 vs 6.6; $F = 3.70$; df 1,16; $P < 0.08$) or family problems (5.0 vs 3.6; $F = 14.27$; df 1; $P < 0.002$) that had not been previously raised by the interviewer. Even so, the spontaneous reporting of problems was not quite sufficient to compensate for the lack of systematic questioning in that relevant symptoms were slightly more likely to be missed by the less active styles. However, a much greater difference was found with respect to topic areas on which data were lacking. The interview styles that lacked detailed probing were much more likely to result in a large number of child symptoms, and to a lesser extent family problems, on which little or no information was available.

Quality of factual information

Table II provides the findings on the quality of factual information obtained. Two major differences between styles are evident. First, the structured and systematic exploratory styles were far superior in providing evidence on the definite *absence* of problems. Overall, these two techniques identified 3.5 child symptoms or family problems as being absent, compared with a mean of 0.51 for the other two techniques combined—seven-fold difference. However, the earlier findings indicate that many (but by no means all) of the areas with uncertain or missing data were in fact ones without abnormality. In some cases it may be very important to know for sure that a particular behaviour or relationship is normal, but from a clinical point of view the difference between styles on the definite absence of problems is probably

TABLE I

Effects of interview style on topic coverage

	Paired styles				Paired t test				Analysis of variance	
	A Structured	D Sounding bd.	B Systematic expl.	C Act. psychoth.	(A *vs* D; B *vs* C) df 11		df 11		(A+B *vs* D+C) df 1,16	
Areas with known problem	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	t	P	t	P	f ratio	P
No. child symptoms	8.6 (2.1)	7.0 (2.2)	6.0 (3.1)	5.3 (2.1)	1.46	N.S.	1.43	N.S.	4.72	< .05
No. family problems	4.3 (2.0)	3.8 (2.0)	4.2 (2.0)	3.7 (1.6)	0.82	N.S.	1.73	N.S.	3.0	< .1
Areas with missing data										
No. child symptoms	4.1 (1.4)	9.1 (2.1)	5.2 (2.0)	9.4 (2.7)	5.9	.001	4.9	< .001	68.1	< .001
No. family problems	2.4 (1.8)	4.8 (1.8)	2.8 (1.8)	4.9 (1.6)	3.1	.01	4.5	< .001	22.5	< .0003

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TABLE II

Effects of interview style on quality of factual information

Data	Paired styles				Paired t test			
	A Structured	D Sounding bd.	B Systematic expl.	C Act. psychoth.	(A *vs* D; B *vs* C) df 11		df 11	
Problems absent	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	t	P	t	P
No. symptoms definitely absent	2.8 (1.8)	0.2 (0.4)	2.8 (1.3)	0.5 (1.0)	3.72	< .01	4.69	< .001
No. family problems definitely absent	0.7 (0.7)	0.3 (0.7)	0.8 (0.8)	0.1 (0.3)	1.48	N.S.	3.0	< .01
Problems present								
No. symptoms with good data	6.3 (1.5)	2.9 (1.4)	4.5 (2.1)	2.2 (1.9)	5.38	< .001	3.56	< .01
No. family problems with good data	1.0 (1.0)	0.4 (0.7)	1.0 (0.7)	0.9 (0.7)	2.03	N.S.	0.56	N.S.

less relevant than any difference with respect to data about problems which *are* present.

What is crucial is that the two actively questioning styles were considerably better at obtaining enough detailed information, on topics where there was an abnormality, for a judgement to be made about their clinical significance. The quality of information scale (based on whether data were provided on 12 different aspects such as onset, course, duration, severity, frequency, social impact, etc.; see Rutter and Cox, 1981) was used to judge whether good data were available for each problem area. The structured and systematic exploratory styles provided a mean score of 5.4 child symptoms with good data and 1.0 family problems with good data, compared with 2.5 and 0.67 respectively for the other two styles combined. The implication is clear: if psychiatrists are to obtain sufficient detail about family problems and child symptoms for them to make an adequate formulation on which to base treatment plans there must be some systematic and detailed probing and questioning.

Idiosyncratic factual data

The conclusion above applies to those general topic areas thought to be clinically important in all cases and hence those topics which interviewers might be expected to enquire about routinely. However, it might be thought that the potential strength of the less probing active psychotherapy and sounding board styles would lie in their power to pick up unusual information idiosyncractic to the family which was of clinical significance, and yet which might be missed by more active structured approaches. All interview typescripts were systematically perused to pick out all such items of idiosyncractic clinically significant information (see Rutter *et al*, 1981). In this way a score was derived for the number of significant items in each interview. The findings are given in Table III. It is striking that all four styles picked up a large number of these unusual items—an average of some 16 to 18 per case. Some of these items although outside our range of standard topics, could have been specified and included in a structured approach. Nevertheless, many could not and most families had quite a few crucial features of manifest clinical importance which were sufficiently personal to be outside the scope of standardized questioning as usually employed. Such items included the death of a close friend of the child at school, the fact that

TABLE III

Style differences on unusual factual items of clinical significance

	Paired styles			
	A Structured	D Sounding bd.	B Systematic expl.	C Act. psychoth.
Items picked up	16.5	16.5	18.2	15.8
Items missed	4.4	4.5	2.8	5.2

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TABLE IV

Style differences on self-disclosures

		Self-disclosures paired styles			
		Structured A	Sounding bd. B	Systematic expl. C	Act. psychoth. D
No. self-disclosures within interview prorated to 60 mins.	Mean	14.3	17.3	19.3	20.1
	S.D.	5.9	8.6	9.8	11.1

	Paired t test			Analysis of variance			
	t	df	P		F	df	P
A *vs* B	−1.4	11	N.S.	A+C *vs* B+D	2.03	1,16	N.S.
C *vs* D	0.44	11	N.S.	A+B *vs* C+D	1.43	1,16	N.S.

mother's best friend was overtly lesbian, and that the mother had a mentally handicapped foster child to stay for many weekends. The results show that there was no significant difference between styles in the mean number of unusual items of clinical importance which were picked up. It is important to note that the more structured interviewing styles had not caused difficulties in eliciting this type of information.

By making comparisons *within* pairs it is possible also to examine how many items of information were missed by each technique. For this purpose 'missed' is defined in terms of the datum being absent in the one interview but present in its opposite number within the pair. This shows that there was no overall difference between the structured and sounding board styles, but that in the 12 pairs with a systematic exploratory style versus active psychotherapy style comparison, there were 9 with a difference, and in 8 of these there were more items missed in the active psychotherapy style ($P = .02$, sign test). Thus, for this purpose there may be advantages in using a style which combines active fact-gathering and active feeling-oriented techniques.

TABLE V

Analysis of interviewer actions followed by self-disclosures (Experimental Study)

Interviewer action	Informant response % with self-disclosure
Request for self-disclosure (n = 157)	72.0***
Open question (n = 514)	17.3***
Interpretation/sympathy/request for feeling (n = 444)	20.5***
Any other action (n = 1758)	5.2

*** χ^2 df 1: Significantly different from any other action at 1% level.

Self-disclosures

A further type of factual information which it might be supposed would be better obtained by active feeling-oriented techniques concerns self-disclosures. This is a term applied to factual data likely to have a high emotional significance, such as criminal activities, family violence or marital discord (see Rutter and Cox, 1981). The naturalistic study (Hopkinson *et al*, 1981) had shown that the techniques most effective in eliciting feelings and emotions were also most effective in obtaining self-disclosures. The relative efficacy of the four styles in eliciting self-disclosures is shown in Table IV. No significant differences between styles were found.

The explanation for this lack of difference is to be found in the analysis of the effects of different interviewer actions. Table V shows the proportion of the immediately succeeding informant responses which included a self-disclosure, in relation to different types of interviewer actions. As in the naturalistic study (Hopkinson *et al*, 1981), open questions, interpretations, expressions of sympathy and requests for feelings all produced self-disclosures in about a fifth of instances—a rate three or four times that found with other interviewer actions (apart from direct requests for self-disclosures). However, by far and away the most effective technique for eliciting self-disclosures was to directly request them by asking a question on the relevant emotionally significant topic. The importance of this finding is that requests for self disclosures showed a distribution across experimental styles which differed from the active feeling-oriented techniques. Direct requests were more common in the structured styles. The consequence is that there can be no clear expectations, and as it turned out, there were no major differences between styles in this connection.

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TABLE VI

Quality of factual data in naturalistic and experimental interviews

	Styles					
	Naturalistic	All Experimental	Structured	Systematic expl.	Act. psychoth.	Sounding bd.
% Problem items (symptoms and family) with good data	25.0%	56.6%	68.7%	71.7%	48.7%	37.4%

Difference between naturalistic and all experimental: $\chi^2 = 33.0$; df 1; $P < .001$

Experimental and naturalistic interviews compared

So far the focus has been on the merits and demerits of particular interview styles as a means of gathering factual information. However, there is also the question of interviewer skills and experience. This could be tackled by comparing the experimental interviews, which were carried out by very experienced clinicians, and the naturalistic interviews, which were done by psychiatric trainees.

There were no significant differences between the naturalistic and experimental interviews in terms of the coverage of symptoms and family features (that is the number in which problems were known to be present). However, *all* the experimental styles were considerably more successful than the naturalistic interviews in the quality of factual information obtained (see Table VI). Overall, the naturalistic interviews obtained good data on only a quarter of areas in which there was known to be a problem, compared with over half in the experimental interviews as a whole. It appears that even when experienced interviewers were using a style which was different to that which they normally employed, they obtained better factual data than that gathered by trainees. Experience and skills seem to count.

This conclusion however is not very much help without some understanding of what these skills might involve. The findings point to two features of probable relevance. First, as Table VII shows, the experienced interviewers were more likely to respond immediately to factual cues provided by the mothers—especially when these concerned family problems. This tendency was most marked for the systematic exploratory style.

Secondly, it appears that the experienced interviewers chose their probes more carefully and used them to greater effect. Table VIII shows that in the naturalistic interviews it was only when the trainees used at least 9 probes that they were at all likely to get good quality data. In contrast, the experienced interviewers were obtaining good data for two-thirds of items with just 4–8 probes. Good data were obtained by experienced interviewers on a higher proportion of items at all levels of probing but the difference was much the greatest at the intermediate level of 4–8 probes. We may conclude that the appropriate choice of the most suitable kind of probe is probably one feature which gives the experienced interviewers an advantage. This is not surprising since experience teaches one which are the clinical aspects most likely to be crucial, and experience helps too in learning which sorts of questions are most effective in producing informative answers.

Mothers' perceptions of the interviews

After each experimental interview, the mothers were given a questionnaire by someone other than the two interviewers regarding their perceptions and

TABLE VII

Response to factual cues in naturalistic and experimental interviews

	Styles					
% Factual cues immediately responded to	Naturalistic	All Experimental	Structured	Systematic expl.	Act. psychoth.	Sounding bd.
Child symptoms	52.3%	56.1%	61.0%	68.8%	53.9%	43.9%
Family problems	38.5%	47.8%	30.6%	54.3%	50.4%	51.9%

Difference between naturalistic and all experimental:
Child symptoms: N.S.; Family Problems $\chi^2 = 4.12$; 1 d.f.; $P < 0.05$

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TABLE VIII

Number of probes and good quality data in naturalistic and experimental interviews

	No. of probes 0–3	4–8	9 or more	Significance		
Style	% Items with good data	% Items with good data	% Items with good data	χ^2 for trends	df	P
Naturalistic (n = 108)	11.6 (n = 43)	8.8 (n = 34)	61.3 (n = 31)	22.35	4	< .001
All Experimental (n = 92)	30.7 (n = 176)	68.2 (n = 110)	84.7 (n = 118)			
Significance of difference df 1 in all cases. χ^2	5.443	34.51	7.004			
Significance of difference df 1 in all cases. P	< .025	< .001	< .01			

feelings about the interview. After the second interview the mothers were asked which interview they preferred in relation to several specified qualities: comprehensibility and relevance of interviewers questions; opportunity to speak; interviewers' interest, understanding, degree of relaxation and friendliness; whether talking was helpful or changed the mother's perception or worries about the problem; whether the mother was relaxed or tense, and the response to open inquiry about the interview and interviewer. Ratings were made on a 5-point scale in answer to all these questions except the open inquiry. The findings showed no significant preference for any one particular style. A few mothers had a strong preference, but each experimental style was preferred by some. The first interview was perceived as more often helpful (analysis of variance $F = 20.64$, df 1,16, $P < 0.001$) but mothers felt more relaxed in the second (analysis of variance $F = 7.53$, df 1,16, $P < 0.02$). Neither rating differentiated between styles. Ten mothers felt that the interview had changed their view of the problem but this occurred in all four experimental styles.

Eliciting of emotions

The findings on the effects of different interview styles and techniques in eliciting emotions are considered in detail in a separate paper (Cox *et al*, 1981, VI). However, here it is important to note whether the active fact-oriented techniques had had any deleterious effects in suppressing the expression of emotions and feelings. Table IX indicates that this did not occur in the structured versus sounding board comparison but there was a slight tendency, falling short of statistical significance, for the active psychotherapy style to elicit more feelings than the systematic exploratory style.

TABLE IX

Possible effects of interview style in supressing emotions

Paired styles			
A	D	B	C
Structured	Sounding board	Systematic exploratory	Active psychotherapy
Mean no. feelings (S.D.)	Mean no. feelings (S.D.)	Mean no. feelings (S.D.)	Mean no. feelings (S.D.)
84.1 (25.6)	84.2 (23.4)	89.9 (19.0)	105.6 (32.0)

Paired t test	t	df	P
A *vs* D	0.01	11	N.S.
B *vs* C	1.79	11	N.S.

Discussion and Conclusions

The research findings on the techniques needed to obtain good quality factual information are quite clear-cut, with the results from the naturalistic (Cox *et al*, 1981, II) and experimental studies in very good agreement. If encouraged to talk freely, most mothers who have sought help with their children's problems mention most, but not all of the key issues without the need for standardized questioning on a pre-determined range of topics. Many but not all of the items that are not raised spontaneously turn out to be normal or unremarkable. The implication is that it is desirable to begin clinical diagnostic interviews with a lengthy period with little in the way of detailed probing and in which informants are allowed to express their concerns in their own way.

Nevertheless, more systematic questioning does elicit slightly more problems than those raised

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spontaneously by mothers when they are interviewed with a less intrusive more reflective style. The implication is that it is desirable to ask a certain number of specific questions on key issues when it is crucial to know whether or not a particular symptom of family problem is present. Knowledge that a particular symptom or problem is absent can be crucial in differential diagnosis and the psychiatric formulation, e.g. whether a child showing antisocial behaviour has co-existing emotional symptoms. Although we do not have data on the point, it is likely that the need for specific questioning will vary with both the informant and the circumstances of the interview. The conclusion that most problems will be raised spontaneously applies strictly to the interviewing of people who have sought help from clinics. Our experience suggests that people from the general population who are interviewed for epidemiological research purposes and therefore who have not sought help need and want a more actively questioning approach. Informants who are reluctant clinic attenders or whose ability to provide a relevant account is impaired for example by mental disorder may also require a more structured approach. However, these suggestions have yet to be put to any experimental test.

Although less active and less structured interview styles may be quite effective in obtaining mention of the relevant child symptoms and family problems, they are much less effective in obtaining good quality factual data. For this purpose, specific detailed questioning and probing is essential. Although most mothers make some mention of most of the clinically important issues, it is usual for them not to give adequate details for a clinical assessment. Probably it is not that they are reticent or guarded but simply that they do not appreciate all the features that are likely to be clinically important. Thus, the clinician must use systematic questions, detailed probes and requests for detailed description if he is to obtain an adequate account of events, happenings, behaviours and other factual matters.

However, it is not enough to ask many detailed questions; it is also necessary for interviewers to be sensitive and alert to factual cues and to choose their probes with care and attention so that there is a focus on the essential unresolved issues and not on unnecessary questioning on issues already dealt with adequately in the informant's spontaneous comments. The better factual data obtained in all four experimental styles, as compared with the naturalistic interviews undertaken by trainees, indicates the importance of skills and experience.

The findings were also striking in showing the high frequency of unusual items of information idiosyncractic to the family but of clinical significance. The implication is that however well planned and extensive the coverage of systematic questioning, the interviewer must always be alert for important factual data outside the range of standard enquiry. There were no major differences between experimental styles in their power to elicit such idiosyncratic data, but there was some suggestion of the advantages of a style which combined both active fact-oriented and active feeling-oriented techniques.

The commonly felt concern that systematic questioning might either suppress the expression of feelings or might be experienced by informants as unduly intrusive or lacking in understanding was not borne out by the findings. Indeed, it was evident that each of the four experimental styles were preferred by some informants. It is probably desirable that all interviewers have a range of different interview styles and techniques in their repertoire so that to some extent they may vary their approach according to the needs of the situation and the preference of the informant.

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