

as they develop. You will be

How to Conduct the Interview

Begin the biopsychosocial interview by telling the client what you are going to do: "The purpose of this interview is to see exactly what the problems are, where they come from, and what we are going to do in treatment. From this information, we will develop the treatment plan. You need to keep things very accurate here. Just tell me exactly what happened."

Now relax, and begin your interview. Do not be in a hurry. This is fascinating and fun. Ask the following questions, and write the answers down in the blanks provided on the biopsychosocial form.

Date:

Client name:

Age:

Sex:

Marital status:

Children:

Residence:

Others in residence:

Length of residence:

Education: Mark the highest grade completed.

Occupation:

Characteristics of the informant: Mark down whether or not you trust the information that the client is giving you. Is the client reliable? If so, then write "reliable informant." If for some reason you do not trust the information the client is giving you, then write why you mistrust it. You might want to write "questionable informant."

Chief complaint: This is the chief problem that brought the client to treatment. Use the client's own words. If someone else gives you the chief complaint, then list that person as the informant. "What was the chief problem that brought you to treatment?"

History of the present problem: This is everything that pertains to the chief complaint. One good approach with histories is to say something like this: "As they are growing up, kids have a really accurate idea when things are right with them and when things are wrong. Go back into your childhood, and tell me where you think things began to go wrong for you. From that point, tell me the whole story, including what is bringing you into treatment now."

Let the client tell his or her story, and for the most part, you just copy it down. Use as many direct quotes as you can. Guide the client only when you need to do so. You want the story to flow in a rough chronological order. Most clients will do this naturally, but everyone jumps around a little. Stop the client if he or she is going too fast or if you do not understand something. Do not let the client ramble and be caught up in irrelevant details. Look for the problem areas.

The history of the present problem must contain the following information:

Age of onset:

Duration of use:

Patterns of use: How does the client drink? Is this client a binge drinker or a daily drinker? Does the client drink all day or only after work? How often does the client drink?

Consequences of use: These are physical, psychological, and/or social problems caused or made worse by drinking.

Previous treatment: Who did the client see? What was the treatment? What were the results?

Blackouts:

Tolerance:

Withdrawal symptoms:

Past history: A history of the client's life, from infancy to the present, is the next phase of the interview. The categories include the following:

Place of birth:

Date of birth:

Developmental milestones: "Did you have any problems when you were born? Problems walking, talking, toilet training, reading, or writing? Did anyone ever say that you were a slow learner?" Cover developmental problems and intellectual problems here. Determine as best you can whether the client can understand the material presented in your program. Most recovery material is written at a sixth-grade level. Clients who read two grade levels below this are going to need special assistance.

Raised with: This includes primary caregivers, brothers, and/or sisters and what it is like to live with them.

Ethnic and cultural influences: "What is your ethnic heritage?" This includes race, sexual orientation, marital status, religious preference, culture, disability or ability, ethnicity, geographic location, age, socioeconomic status, and gender. An inner-city black teenager is going to be a lot different from a Midwestern farmer. You need to know about the person's culture and be able to step into the person's worldview from his or her perspective. How does the culture relate to things such as time orientation, family, sharing, cooperation, and taught customs that guide relationships? (For further information on cultural differences, read the book *Counseling the Culturally Different: Theory and Practice* [Sue & Sue, 1999]. This book will help you to become culturally competent, which is essential to understanding the client and offering good treatment.)

Home of origin: "When you were growing up, how did it feel in the house where you were raised?"

Grade school: "What kind of a kid were you in grade school? How did you get along with the other kids and the teachers?"

High school: "What kind of a student were you in high school? Did you get in any trouble?"

College: "What were you like in college?"

Military history: "Were you ever in the armed services? For how long? What was your highest rank? Did you get an honorable discharge?"

Occupational history: "Briefly tell me about your work history. What kind of work have you done?" Include the longest job held and any consequences of drug or alcohol use.

Employment satisfaction: "How long have you been at your current job? Are you happily employed?"

Financial history: "How is your current financial situation?"

Gambling: "Do you gamble? Have you ever tried to cut back on your gambling?"

Sexual orientation: "How old were you when you first had sex? Have you ever had a homosexual contact?"

Sexual abuse: "Have you ever been sexually abused?"

Physical abuse: "Have you ever been physically abused?"

Current sexual history: "Are you having any sexual problems? Are you HIV infected? Do you have AIDS or any sexually transmitted disease?"

Relationship history: Briefly describe this client's relationship and friendship patterns. Does the client have any close friends? Is the client in a romantic relationship now? How is that going? Include consequences of chemical use. Some helpful questions include the following: "Do you have close friends? Have you ever been in love? How many times? Tell me a little bit about each relationship."

Social support for treatment: "Does your family support you coming into treatment? What about your friends?" Thoroughly assess the client's recovery environment. How supportive are family and friends going to be about recovery?

Spiritual orientation: "Do you believe in God or a higher power or anything like that? Do you engage in any kind of religious activity?"

Legal: "Are you having any current problems with the law? Have you ever been arrested?" List the year and cause of each arrest.

Strengths: "What are some of your strengths?"

Needs: "What are some of the things you need to do to get into recovery?"

Abilities: "What are some of your abilities that might help you stay in recovery?"

Personal preferences: "How do you prefer to learn a recovery program, person-to-person contact, group therapy, audiovisual material, reading, any cultural preferences . . . ?"

Weaknesses: "What are some of your weaknesses or some of your qualities that are not so good?"

Leisure: "What do you do for play, entertainment, or fun? What has been the effect of your chemical use?"

Depression: "Have you ever felt depressed or down most of the day, almost every day, for more than 2 weeks?" If the client has signs of depression, this needs to be flagged for the medical staff.

Mania: "Have you ever felt so high or full of energy that you had little need for sleep or got into trouble or people thought that you were acting strangely?" Mania is a distinct period of abnormally elevated, expansive, or irritable mood. This mood must be sustained for at least 2 full days.

Anxiety disorders: "Have you ever been anxious for a long time? Have you ever had a panic attack?"

Eating disorders: "Have you ever had any problems with appetite or eating, gorging, purging, starving yourself, or anything like that?"

Medical history:

Illnesses: "Have you ever had any physical illnesses—even the small ones, such as measles, mumps, or chicken pox?"

Hospitalizations: "Have you ever been in a hospital overnight?" Write down the reason for each hospitalization.

Allergies: "Do you have any allergies?"

Medications at present: "Are you taking any medication?" List each medication and dose schedule.

Family history:

Father: "How old is your father? Is he in good, fair, or poor health? Any health problems? What is he like? How did he act when you were growing up?"

Mother: “How old is your mother? Is she in good, fair, or poor health? What was she like when you were growing up?”

Other relatives with significant psychopathology: “Did anyone else in your family have any problems with drugs or alcohol or any other kind of mental disorder?”

Mental status: This is where you formally test the client’s mental condition.

Description of the client: Describe the client’s general appearance. How would you be able to pick the client out of a crowd? Note the client’s age, skin color, sex, weight, hair color, eye color, scars, glasses, mustache, and so on.

Dress: How is the client dressed? Describe what the client is wearing and how he or she is dressed. Is the client overly neat, sloppy, casual, seductive, or formal?

Sensorium: Is the client fully conscious and able to use his or her senses normally, or does something seem to be clouding the client’s sensorium? Is the client alert, lethargic, or drowsy? Intoxicated clients will not have a clear sensorium.

Orientation: The client is oriented to person, place, and time if the client knows his or her name and location and today’s date.

Attitude toward the examiner: What is the client’s attitude toward you—cooperative, friendly, pleasant, hostile, suspicious, or defensive?

Motor behavior: Describe how the client is moving. Anything unusual? Does the client move normally, restlessly, continuously, or slowly? Does the client have a tremor or tic?

Speech: How does the client talk? Any speech or language problems? Does the client talk normally, or is he or she overly talkative or minimally responsive? Do you detect a speech disorder?

Affect: How is the client feeling during the interview—appropriate, blunted, restricted, labile, or dramatic?

Range of affect: What is the client’s capacity to feel the whole range of feelings? Affect ranges from elation to depression. During the interview, you should see the client cover a wide range of affect. Does the client’s range of feelings seem normal, constricted, blunted, or flat?

Mood: What is the feeling that clouds the client’s whole life? The client might be calm, cheerful, anxious, depressed, elated, irritable, pessimistic, angry, neutral, or any other sustained feeling.

Thought processes: Does the client have a normal stream of thought? Is the client able to come up with clear ideas, form these ideas into speech, and move the speech into normal conversation? If the client is hard to follow, then write down why. Describe what the client is doing that makes the conversation difficult. Are the client’s thought processes logical and coherent, blocked, circumstantial, tangential, incoherent, distracted, evasive, or perseverated?

Abstract thinking: “What does this saying mean to you? ‘People who live in glass houses shouldn’t throw stones.’ ” An abstract answer might be: “Do not talk about people because you might have problems yourself.” A concrete answer might be: “They might break the glass.” Ask the client, “How are an egg and a seed alike?” An abstract answer might be: “Things grow from both.” A concrete answer might be: “They are both round.” Using such questions, determine the client’s ability to abstract. Is it normal, or is it impaired?

Suicidal ideation: “Have you ever thought about hurting yourself or anything like that?” Describe all suicidal thoughts, acts, plans, and attempts.

Homicidal ideation: “Have you ever thought about hurting someone else?” Describe all thoughts, acts, plans, and attempts.

Disorders of perception: Disorders in how the client perceives can be assessed by asking questions such as the following: “Have you ever seemed to hear things that other people could not seem to hear, like whispering voices or anything like that? Have you ever seemed to see things that other people could not seem to see, like a vision? Have you ever smelled a strange smell that seemed out of place?”

Have you ever tasted a strange taste that seemed out of place? Have you ever felt anything unusual on or under your skin?"

Delusions: "Have you ever felt that anyone was paying special attention to you or anything like that? Have you ever felt that someone was out to hurt you or give you a hard time? Have you ever felt like you had any strange or unusual powers? Have you ever felt like one of the organs in your body was not operating properly?" A delusion is a false belief that is fixed, intractable to logic.

Obsessions: "Have you ever been bothered by thoughts that did not make any sense, and they kept coming back even when you tried not to think about them? Have you ever had awful thoughts like hurting someone or being contaminated by germs or anything like that?" Obsessions are persistent ideas, thoughts, impulses, or images that are experienced, at least at first, as intrusive and senseless.

Compulsions: "Was there anything that you had to do repeatedly and you could not stop doing it, like washing your hands repeatedly or checking something several times to make sure you had done it right?" Compulsions are repetitive, purposeful, and intentional behaviors that are performed in response to an obsession, according to certain rules, or in a stereotyped fashion.

Intelligence: Estimate the client's level of intellectual functioning—above average, average, low average, borderline, or mentally challenged.

Concentration: Describe the client's ability to concentrate during the interview—normal, mild, moderate, or severe impairment.

Memory:

- a. *Immediate memory:* Tell the client, "Listen carefully. I am going to say some numbers. You say them right after me: 5-8-9-3-1." After the client has completed this task, tell him or her, "Now I am going to say some more numbers. This time I want you to say them backward: 4-3-9." Clients should be able to repeat five digits forward and three digits backward.
- b. *Recent memory:* Tell the client, "I am going to give you three objects that I want you to remember: a red ball, an open window, and a police car. Now you remember those, and I will ask you what they are in a few minutes." Clients should be able to remember all three objects after 5 minutes.
- c. *Remote memory:* The client should be able to tell you what he or she had for dinner last night or for breakfast this morning. The client should know the names of the last five presidents of the United States. The client should know his or her own history.

Impulse control: Estimate the ability of the client to control his or her impulses.

Judgment: Estimate the client's ability to make good judgments. If you cannot estimate from the interview, then ask the client a question: "If you were at the movies and were the first person to see smoke and fire, what would you do?" The client should give a good answer that protects both himself or herself and the other people present.

Insight: Does the client know that he or she has a problem with chemicals? Does the person understand something about the nature of the illness?

Motivation for treatment: Is the client committed to treatment? Estimate the level of treatment acceptance or resistance.

Summary and Impression

Begin with the client's childhood, and summarize all that you have heard and observed. Include all of the problems you have seen, and give your impression of where the client stands on each of the following dimensions:

1. Acute intoxication or withdrawal complications
2. Biomedical conditions and complications

3. Emotional, cognitive, and behavioral conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery environment

Diagnosis

Diagnose the problem using the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013)*.

Disposition and Treatment Plan

List and describe all of the problems that need treatment and how you plan to treat each problem.

A SAMPLE BIOPSYCHOSOCIAL INTERVIEW

Now let us go through an actual interview so that you can see how it works. We describe how you should be thinking as we go through the interview.

The client comes into the office. She is tall and thin and is dressed in white jeans and a white sweatshirt. She smiles as she sits down. She makes good eye contact and relaxes. Her face is relaxed. She does not appear to be in any acute distress.

Counselor: Give me your full name—all three names please—and spell them all.

Client: Jane J-A-N-E Roberts R-O-B-E-R-T-S.

Counselor: How old are you?

Client: Twenty-eight. (*The client seems to relax even more. She sits farther back in the chair and crosses her legs.*)

Counselor: Are you married?

Client: No.

Counselor: Have you ever been?

Client: No.

Counselor: Do you have any kids?

Client: No.

Counselor: What is your current hometown?

Client: Sioux Falls, South Dakota.

Counselor: Who lives with you?

Client: No one.

Counselor: How long have you lived there?

Client: About 5 years.

Counselor: How much education do you have?

Client: High school.

Counselor: Are you currently employed?

Client: Yes.

Counselor: What do you do?

Client: I am a self-employed beautician.

Counselor: What was the chief problem that brought you to treatment?

Client: I knew I could not go on drinking the way I was.

Counselor: When kids are growing up, they have a really accurate idea of when things are right with them and wrong with them. Go back into your childhood as early as you feel is important, and tell me where you think things began to go wrong with you in your life, and from that point, tell me the whole story, including what brings you to treatment now.

Client: I think that as a child, I do not remember an awful lot about my childhood. I do not remember many good things. I did not have a bad childhood. I have never been abused physically or sexually or anything like that. But I always felt left out, abandoned, lost, alone a lot. *(This is where the problems start. The client grew up feeling left out, abandoned, lost, and alone.)*

I think I knew that I was loved, but I was not shown it very much. Going to a Lutheran school was hard on me. I never felt like I was like the other kids. *(The client continues to feel isolated in school.)*

One year I was a class officer, and that made me feel very good. I was not sports minded. I did not feel that anyone was working with me with what I could do. My father died when I was a baby. My mother did not listen to me. I would ask her a question, and she would just look at me. I could never get any answers. *(This seems to be where the client began to feel unheard, abandoned, and lost.)* I remember asking her about how boys and girls were different. She just said, "Don't you know?" I never got any information about my period. I did not get it until I was old anyway, about 17, and by then I had to find out some things from my friends. I read a book about how to take care of myself. *(The client is angry with her mother. This may or may not have influenced her drinking. It certainly increased her feelings of isolation and loneliness, and it influenced her ability to establish and maintain close interpersonal relationships.)*

I hear from other members of my family that my father was strict. I did not hear good things about him, but I did not hear bad things either. He did not like drinking, and my mom would hide her alcohol from him. *(The client seems to long for her father. It is in the sadness of her voice. Her mother might have had a drinking problem. It sounds as though it caused some family conflict.)*

I think my mom talked to me about this. She may have had a problem. She hid her wine bottle down in the basement. Going through school was hard because I did not fit in with the group. I remember making up stories and trying to buy the clothes they wore to fit in, but I never did. They all caught on about what I was trying to do. It did not work. I could not afford many things. When I was older, I was very glad to get out of the house. I did not date much, but when I did, I immediately fell in love. I felt like, great; somebody likes me. When they would go out with others, I was devastated. I kept grasping at them to come back. *(These relationships sound addictive. This is a problem. Listen to the powerful feeling statements she makes: "When they would go out with others, I was devastated. I kept grasping at them to come back." The client begins to use relationships to fill the empty void. She is trying to replace her dead father and her distant mother with a relationship with a man.)*

One day my girlfriend and I were eating lunch, and these guys came up to us. They asked if we wanted to go out for a ride and have a few drinks with them. They were cute, you know, so we decided to go. There was this one; he said his name was Mark. He was older,

and we got along really well. He impressed me. I could tell he really liked me a lot, more so than anyone else I had ever dated. I ended up going with him for quite a while. About a year later, I found out he was married. His name was not Mark. It was Andy. He had a wife and a kid. I finally called him up and told him that I knew the truth but that I loved him anyway. This was a very passionate man. He loved me. He showed me he loved me. I do not care what you say—he was able to love two people at the same time. *(The client becomes involved in another addictive relationship. This time it is with a man who is addictive himself. The intense sexual excitement that this man offers fools her into thinking that he really loves her.)*

We continued that relationship for a long time. There was a lot of pain in that relationship. I just broke up with him about 2 years ago.

Counselor: When did you start dating him?

Client: When I was about 21—I went with him for 4 years; 2 of those years he was married, and 2 he was not. *(This is passive and dependent? She does not look passive. She makes good eye contact and seems to feel comfortable. We must let the story unfold to get the answer.)*

Counselor: How old were you when you first had a drink?

Client: It was in my early teens at a party.

Counselor: Did you drink much in high school?

Client: No, only very occasionally.

Counselor: Okay, go on with your story. You are going out with Andy, and Andy's married.

Client: We kept seeing each other. He kept promising that he was going to get a divorce. He did not want to lose me. It kept going on for years and years. I would get angry with him when I found out that he was seeing somebody else other than his wife and me. I would blow up, then I would finally settle down, and we would continue to see each other. Every time I would get frustrated with him, I would seek someone else out.

I would find someone else who was interested in me. I had several affairs. Andy would get very angry if he found out that I was dating someone, but I felt he did not have the right to get angry. He was married. *(There is an honesty problem here. The client was lying to both men.)*

I went out with this guy once. He was everything I had ever dreamed of. He was tall and dark with a hairy chest. He was beautiful. I went out with him for quite a while. He really liked me, but I kept seeing Andy. The relationship with this guy, the new guy, Rob, began to get abusive. The relationship with Andy was abusive, too. They would both hit me, slap me, sometimes. They both tried to choke me. A couple of times, they raped me out of anger. Andrew was not ever a violent person, but then all of a sudden he got violent. He put me down a lot. He put me down all the time.

Counselor: Did he make important choices for you? *(The counselor probes the dependency problem.)*

Client: No, I never did that.

Counselor: Is it hard for you to make decisions without some sort of reassurance from someone else?

Client: No, I do not have any problem there, but I am attracted to men with power. They can tell me anything, and I would believe it. I do not know what it is about powerful men, but I am real attracted to that. Andy finally got a divorce, and I lived with him. He is a banker and very wealthy. I thought things were going to be a lot better. He was still controlling and manipulative, but I thought everything was going to improve. I always knew that eventually I was going to be abandoned. *(Here we see the fuel for the addictive relationship. The client chronically fears abandonment, like the abandonment that she felt as a*

child. This leaves her feeling anxious and vulnerable. She will do anything to keep her man, but at the same time, she fears that she will lose him.)

He was very demanding, but I could get what I wanted by being very diplomatic. It took me a long time to learn how to do that. He always wanted me to do all kinds of things. I kept the house and the grounds immaculate. I worked and kept house and did the yard-work and worked at my job. *(The client is not assertive. She has learned how to lie and manipulate to get what she wants.)*

All this time, I was drinking a lot. I was hiding my drinking. I would hide my beer cans. Sometimes he would come home, and I would be drunk.

Counselor: How much were you drinking then?

Client: At least a six pack.

Counselor: Did you ever have a blackout?

Client: Oh, yeah, I had plenty.

Counselor: Did you ever have a real bad hangover?

Client: Yes.

Counselor: Hands ever get shaky?

Client: No, but I would be sick. I would feel terrible—headache, upset stomach.

Counselor: What happened then?

Client: I came home one night and caught him with another woman. He denied what was going on, but I knew. I could tell from her reaction that she did not know about me. I talked to her, and in time we both got together with him again. I swear to God, he has the ability to love two women at the same time. I can tell he loves me.

Counselor: Healthy relationships are based on trust.

Client: I know that. This woman and I were never mad at each other. We both knew that he was so intense that he could love us both.

Counselor: It is not right to lie to you.

Client: I like that. That makes sense. I finally broke up with him. I did not know anyone. It was very hard, but I did it. He was furious. That was the last time he raped me. He was out of his mind.

Counselor: You do not rape somebody that you love either.

Client: It was finally over. I fell in love with a new guy, Dave. I fell in love so fast. He was a dream come true. We had long talks about things. This guy did not work out because I realized that I was doing all of the giving again. I am starting to realize my pattern. I do all the giving, and I love men with power. It took me a long time to realize that. He would go to my house, watch TV, and eat all my food. He never took me anywhere. I said, "Are you getting tired of me or what?" I realized that there was something I was not getting here. I had such feelings for David. I cannot remember ever feeling like that. He was such a heartthrob.

Counselor: It is easy to get love and lust confused. *(The counselor continues to teach the client and to show her how she has been confused about relationships. Notice that these interventions are very brief. This is not the time for therapy. It is the time for assessment.)*

Client: That relationship ended, and I started going out with another guy. He was an alcoholic in recovery, so I cut down on my drinking some. I only saw him once a week. It was nice. One night Andy just walked in on us. It was crazy. He just came right in as if he owned the place. I had my own place then. I was finally making the break with him, and he

could not believe it. Bryan handled it very well. Andy finally left. You know, I like a man with power. I have this thing about a man with power. I do not know what it is.

Counselor: Well, you have felt powerless in your life. Someone with power would make you feel safe.

Client: Yeah, a strong man makes me feel safe. Anyway, my drinking kept on increasing, my relationships kept going to hell, and here I am.

Counselor: Anything in particular bring you into treatment now?

Client: I went out and got drunk again, and I woke up with such a hangover. I said to myself, *I have to do something about this, now*. I made the call right then.

This concluded the history of the present problem. Then the counselor moved right into the history.

Counselor: Where were you born?

Client: Livingston, South Dakota.

Counselor: When is your birthday?

Client: June 28, 1983.

Counselor: Did you have any trouble when you were born?

Client: No.

Counselor: Any trouble walking, talking, toilet training, reading, or writing?

Client: No.

Counselor: You were raised with whom?

Client: My mother and two younger sisters.

Counselor: What is your ethnic heritage? Irish? German? Do you know?

Client: I am Irish.

Counselor: Your home of origin, growing up with your mother and sisters. How did it feel in that house?

Client: I felt alone. I did not like it.

Counselor: What kind of a kid were you in grade school?

Client: I was timid, not very outgoing.

Counselor: What kind of a kid were you in high school?

Client: I was scared, scared to relate.

Counselor: You seem to have made real progress with that timid thing. You do not seem timid anymore.

Client: Yeah, I really have. I do not think I am timid anymore.

Counselor: Great. Were you ever in the armed services?

Client: No.

Counselor: Ever go to college?

Client: No.

Counselor: Give me a brief occupational history. What kind of work have you done?

Client: I worked as a secretary for 5 years. I have been at my current job for about 5 years.

- Counselor:* Are you happily employed?
- Client:* Yeah, I like my job.
- Counselor:* How is your current financial situation?
- Client:* Good. I am not rich, but I get along okay.
- Counselor:* Do you have any sexual problems?
- Client:* No.
- Counselor:* Have you ever had a homosexual contact?
- Client:* No.
- Counselor:* Are you currently involved with a guy?
- Client:* Yes.
- Counselor:* How long has that been going on?
- Client:* About 3 months.
- Counselor:* And how is that going?
- Client:* Great.
- Counselor:* Do your friends and family support your coming into treatment?
- Client:* Yes.
- Counselor:* Do you feel like there is any kind of a higher power or God or anything?
- Client:* I believe in God.
- Counselor:* Do you attend church?
- Client:* I go to the Lutheran church.
- Counselor:* Are you having any problems with the law?
- Client:* No.
- Counselor:* Have you ever had any problems with the law in the past?
- Client:* No.
- Counselor:* What are some of your strengths or some of your good qualities?
- Client:* I am caring. I get along with people real well. I think I am intelligent.
- Counselor:* What are some of your weaknesses?
- Client:* A drinking problem.
- Counselor:* What do you enjoy doing for fun?
- Client:* I enjoy biking. I hike and jog.
- Counselor:* Have you ever had a period of time where you felt down or depressed most of the day most every day?
- Client:* No.
- Counselor:* Have you ever felt really anxious?
- Client:* No.
- Counselor:* Ever felt so high or filled with energy that you got into trouble or people thought you were acting strangely?

Client: No.

Counselor: Ever had any eating problems—gorging, purging, starving yourself, anything like that?

Client: No.

Counselor: Are you intensely afraid of anything?

Client: No.

Counselor: Ever had any illnesses, even the small ones—measles, mumps, or chicken pox?

Client: Measles, mumps, and chicken pox.

Counselor: Ever been in a hospital overnight?

Client: No.

Counselor: Do you have any allergies?

Client: No.

Counselor: Are you taking any kind of medication here?

Client: They have me on a Valium come-down schedule.

Counselor: For what?

Client: I have been taking Valium for about 5 years. I am withdrawing from that. *(Current problems are covered in the history of the present problem. The counselor did not know about the Valium until now. This happens often. The counselor now has to flip back to the history of the present problem and add this part.)*

Counselor: How much of the Valium were you using?

Client: I was using it every day for sleep.

Counselor: Did you find yourself using more?

Client: Yes, I had to increase what I took, so it would work.

Counselor: Twice as much?

Client: More.

Counselor: Did you ever stop using?

Client: No.

Counselor: How much would you take every night?

Client: I got up to about 30 mg. *(Once this information was gathered, the counselor resumed the client's past history.)*

Counselor: Okay, how old was your father when he died.

Client: In his 20s.

Counselor: How old is your mother?

Client: Fifty-three.

Counselor: Is she in good, fair, or poor health?

Client: She is in good health.

Counselor: What kind of a person is your mom?

Client: She is quiet and demanding.

Counselor: Has anyone else in your family had any problems with alcohol, drugs, or any other kind of mental disorder?

Client: I think my mother had a drinking problem.

This concludes the past history. Now you would complete the mental status, which we will not bore you with here, and you are ready to dictate the biopsychosocial interview. The client has said a lot, and it was important for her to share these things, but you need to tell the story in an abbreviated form. Keep in the main parts of her story, but exclude all of the details. At the end of the biopsychosocial interview, come up with a problem list and a preliminary treatment plan.

To view Jane's biopsychosocial interview as it was completed, see Appendix 6.