

The Art of the Interview

Pam Ferguson, Dipl. ABT (NCCAOM), AOBTA & GSD-CI, LMT

"It's all about the art of the interview," said Tess Sherman, sketch artist with the Austin Police Department's Crime Analysis Unit, describing the tactful and supportive way she works with interviewees. Stressing the unique nature and circumstance of each interview for the details she needs to sketch an attacker's facial features, Sherman emphasized the calming and sensitive atmosphere in her studio. "There are minimal distractions and I play classical music in the background," she told me.

As she spoke I was struck by the therapeutic content of her work and the cathartic effect it had on interviewees who had been attacked - or had witnessed a crime. Invaluable lessons here for any Asian bodywork therapist or acupuncturist - and not just those working with trauma and PTSD.

Developing good interviewing or question and answer skills in our schools of Oriental Medicine is an art that often depends on the experience and insight of the teacher, especially during clinic theater or prepping students for clinic. Often the emphasis is on sharpening the essential pulse, tongue and/or Hara diagnostic skills, followed by treatment protocols. Do we give enough time to train students in the subtleties of "tuning into" a patient, reading the silences and body language before and during a session? Do we give enough time to the importance of tact, compassion, and clarity when explaining our specific treatment procedures?

The Art of reading body language

Role playing is a great tool to help prep students for clinic. I asked those students who knew a foreign language to present a character in that language and convey symptoms in gestures for the rest of the class to diagnose. The exercise was hilarious! But it also taught students vital observational skills.

Those of us in bodywork or movement education develop a keen eye for shifts in body language during the continuous 60-90 minutes we spend with a patient. Cultural and/or gender sensitivity can make the difference between reading discomfort in a patient who was raised, for example, never to show feelings, compared with a transference situation where the practitioner's voice or gestures remind the patient of someone he/she dislikes.

During my years in global journalism before training in Asian bodywork therapy some three decades ago, I became well versed in the art of the interview. Achieving an immediate rapport with interviewees even under extreme circumstances such as war or political conflict, was both humane and essential. Such training and experience, especially in foreign countries, enhanced insights and skills that prepped me well as a therapist to assess patients in very different circumstances.

Enhancing interviewing and intake skills

Whenever I teach trauma and PTSD workshops for continuing education, I always suggest participants examine their practice rooms or clinics with new eyes after our discussions. Is the ambiance soothing, supportive and welcoming and does it go beyond principles of Feng Shui to

instill trust in the patient? Or is the clinic all about sterile white colors and sharp edges? Are there religious artifacts or symbols around that may please some patients - but disturb or unsettle others? Is the artwork meaningful - or just a "pretty picture" on the wall?

The Art of the Intake Form - Maximize a Five Element Approach

I always ask my workshop participants - many of whom have been in practice for a number of years - "do you really listen to a patient with all your senses - or - make quick assumptions based on brief answers on the intake forms? And what about those intake forms? Are they user-friendly and encouraging, or dry, clinical, boring and daunting?"

In my workshops, I am always happy to share clinical tips about maximizing a Five Element approach. My kit for patients includes a pot of pencils and forms in assorted Five Element colors.

Patients choose pens and forms in their favorite colors, or a form that matches their skin color appropriately. They then shade areas of chronic pain, "X" areas of acute pain and use other symbols (horizontal line crossed with vertical lines) for scars or injuries, on any of a series of outlines (male and female, anterior, posterior, and side views), in meridian stretch positions.

I observe which colors they use spontaneously, on which parts of the body, and along which meridians. Some patients are flamboyantly creative, showing blue clouds billowing around a figure's head to imply chronic headaches. Others use savage red arrow-like lines to imply an acute pain. Others use tiny dots, as though afraid to admit they have a pain or problem.

Patients enjoy this interaction. It's fun and instructional for both patient and therapist. All comment on the user-friendly outlines in assorted colors to suit all ethnic variations, compared with those daunting, all white Martian-like unisex figures found on many standard clinic charts - especially in physical therapy. Patients (especially kids) enjoy being able to draw areas of pain for themselves on charts, instead of relying on a therapist to do this on their behalf during discussions.

It's also useful to scatter pins in assorted Five Element colors around meridian charts on the wall and then ask patients to choose a pin and insert it on the chart to reflect painful or problem areas. Patients are then quick to spot a meandering pain that tracks along a specific meridian or settles in a major acupoint.

Interesting Cases

I recall one patient "Rachel" who consulted me for digestive problems. Rachel inserted green pins around the chart's stomach area, prompting me to ask questions about issues of anger associated with food or around the dining table during her childhood years. She admitted that meal times provided battlegrounds for her parents, which meant she was programmed to feel rushed and stressed around food, resulting in some chronic digestive problems. I suggested a meditation class and a few moments of meditation before each meal to calm her stomach. A few months later I bumped into her in New York. Rachel told me with great joy how meditation was helping her control and reduce her problems.

In a very different case, I noticed how "Maria", a patient who sought my help for allergies, seemed to stab the chart along Back Shu points for Lung, Pericardium and Heart (UB 13,14,15). I asked her about this. Maria told me she had been injured in that area many years ago, when a former husband threw her on the kitchen floor in a drunken rage one day, and then went out and shot her horse. Maria was very open to hearing about a possible connection between the trauma to her upper thoracic Back Shu points and her subsequent vulnerability to seasonal respiratory allergies that postdated the attack.

Note the intake forms of other health professionals

A friend of mine, "Anne" was unsettled by the intake forms at her OB/GYN's practice because one of the questions asked "have you ever been physically abused by a spouse or partner?" But, there was no mention of emotional or verbal abuse, which Anne had experienced during a 10-year marriage. I asked her "Did you point out this omission to the physician? If it unsettled you, it will unsettle others." Anne said no. A pity, because this was a great opportunity to educate the physician. I advised Anne to raise the topic during her second visit in the interests of broadening the OB/GYN's perspective.

Recently, I noted the reaction of a patient in the waiting room of another medical specialist who said out loud, "they're asking us to circle all these ethnic variations on the charts - African American, Asian and so on. But they forgot Hispanic. I'm Hispanic! And this is Texas!" I advised her to add the word "Hispanic" to the list in large bold caps.

In my next column, I will describe our mistakes when we skim through an interview, make assumptions, or misread body language.

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