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Interviewing Exercises: Lessons from Family Therapy

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Abstract

Interviewing has become a widely used means for data generation in qualitative research. It is also a popular approach for counselors and therapists in their qualitative research projects. A major reason qualitative research-style interviewing is a favored technique with researching clinicians is that it is so similar to the way in which counselors and therapists interact with their clients in therapy sessions. Given this closeness in form, it would make sense that some of the ways therapists are taught to interview could be adapted to help beginning qualitative researchers learn interviewing skills as well. In this paper, three sets of exercises are presented which can be employed in the training of qualitative research interviewers.

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**Interviewing Exercises:
Lessons from Family Therapy**
by
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Abstract

Interviewing has become a widely used means for data generation in qualitative research. It is also a popular approach for counselors and therapists in their qualitative research projects. A major reason qualitative research-style interviewing is a favored technique with researching clinicians is that it is so similar to the way in which counselors and therapists interact with their clients in therapy sessions. Given this closeness in form, it would make sense that some of the ways therapists are taught to interview could be adapted to help beginning qualitative researchers learn interviewing skills as well. In this paper, three sets of exercises are presented which can be employed in the training of qualitative research interviewers.

Introduction

In learning to interview, be it clinical or research, it becomes quickly apparent that there is a gap between the models and their application. Connecting the talk (i.e., the interview itself) and the talk about the talk (i.e., the interview models themselves) presents quite a challenge for the beginning interviewer. It is one thing to know what to say in theory as an interviewer and another thing to perform the act according to the model.

In family therapy, much has been written about the ways in which educators can help novice therapists to bridge the gap between what the books they read in their models of therapy classes and how they practice in their clinical practica. A major part of this effort has been the development of a wide array of clinical supervision approaches ([Todd & Storm](#), 1997). What these approaches have in common is that they help beginning therapists understand their practice in context. This context comes from therapists learning therapy within a system of feedback which comes from working in teams, receiving "over-the-shoulder" supervision, viewing and reviewing audio and videotapes of their work, and participating in a wide variety of exercises (e.g., [Storm & Todd](#), 1997).

In light of the amount of feedback these clinical interviewers experience, it seems that research interviewers receive considerably less training in learning their trade. There are plenty of interviewing books out on the market today (e.g., [Holstein & Gubrium](#), 1995; [Kvale](#), 1996; [Rubin & Rubin](#), 1995; [Seidman](#), 1991), but there does not appear to be the same amount of

practice helpers available to aid these interviewers to reach the level of expertise their clinical counterparts can reach.

In my work, I teach and supervise both cohorts. I supervise our family therapy doctoral students in our clinical practica and I also teach them how to become qualitative researchers. Research interviewing is a very popular data generation choice for our students due to its closeness to clinical interviewing.

In performing this "double duty" of family therapy supervisor and qualitative research teacher, I have developed a number of interviewing exercises which are engineered to help my beginning qualitative researchers learn to ply the trade of research interviewing. In the following sections, I will present a number of these exercises. For me, this is an evolving process. I have worked and re-worked these exercises. They will probably change again when I teach the class next time. The point is that these exercises are meant to be fluid and they are best used when they fit the situation at hand. Readers should feel free to adapt and alter these drills to suit their and their students' needs.

Exercise One: Interviewing in the Round

After students have been introduced to qualitative research interviewing, we begin to discuss the "how to's" of actually conducting a face-to-face interview. To help make this abstract concept more concrete, I conduct a qualitative research interview during a class session with the students all around the interviewee and me. I have found that demonstrations of complex phenomenon greatly assist beginners in their grasping of a complex act such as interviewing. Being able to watch experienced and inexperienced therapists from behind a one-way mirror during my family therapist training days helped to make concrete what had previously seem so abstract to me when I had heard folks talk about therapy or when I had read papers on the craft. I find the same to be true with my qualitative research students--they like to watch and learn from seeing someone actually do the act rather than just reading and hearing about it.

The more "real" you can make this exercise, the better it will be for all involved. On the past few occasions when I have interviewed in the round, I have been in the midst of my own research projects. Bringing in actual informants to be interviewed helps to bring a degree of reality which I think is important. Of course, this exercise can be done with someone role playing the part of interviewee, I just prefer the real thing.

In selecting a potential project and participant for the Interview in the Round exercise, I usually choose something and someone who is already a part of the students' system. For instance, in one study, I was examining a family dispute resolution project which we were running out of our School's clinic. I asked one of the mediators, who was also a faculty person in the Department, if she would be the interviewee in the exercise. Having an "insider" be the interviewee works very well with this exercise: The students knowing the interviewee and vice versa helps to take some of the potential awkwardness out of this interchange.

To start the process, I present the context of my research project. I relay the purpose of my study, the methodology, the research questions, and participants. I then talk about why I have chosen

interviewing as a means for data collection and explain why I am interviewing in the way that I am in the project. During this part of the presentation, we discuss different ways I could have gone about creating this project and the variety of choices I have made in putting this method together.

After this contextualizing phase, we begin to talk about the "nuts and bolts" of the actual interview. In this discussion, we review all aspects of interviewing. We talk about setting up the interview, getting permission to interview, selecting the recording equipment, designing the question patterns, and determining the length of the interview. We also talk about what goes on inside the head of the interviewer and what sorts of things can happen in an interview as the event unfolds. Since patients and former patients are often the focus of clinical qualitative research projects, it is extremely important for the beginning interviewers to remember the sensitivity of the issues being discussed and to be especially mindful of the fact that the research interview can become a painful experience for clients or patients, if they begin to recall the feelings which they may have presented in therapy. We talk about the handling of such incidents and how we can help the interviewees if such an event occurs in the research interview.

During this preparation phase, we spend a great deal of time talking about nonverbal channels of communication also. So much of the interviewing literature is on verbal behaviors and that emphasis needs to be balanced with an examination of non-verbal communication or "body language" distinctions such as kinesics (i.e., bodily gestures and posture), proxemics (i.e., personal distance between interviewer and interviewee), optics (i.e., the use of your eyes during the interview), and writing (i.e., what note taking can communicate to the interviewee).

In the last part of this preparation phase, the students select what aspect of the interview will be their focus. They can focus on the interviewer, the interviewee, and/or the interaction between the two. They can select a communication channel or two upon which they will concentrate their gaze. I have them select a smaller piece of the overall interaction because the sheer amount of information which they can absorb during a face-to-face interview can be quite overwhelming. By breaking the process down, I feel that they will be better able to grasp a least a part of the process well. As the class progresses, they will have other opportunities to observe other interviews and be able to add to their body of interview observation data.

On the day of the interview, the room is set up with two chairs in the middle of the room. The recording equipment is placed near the two chairs. The students arrange their chairs around the room. I bring the interviewee into the room and the interview begins. I start by going over the permission form and the orientation phase of the interview. When permission is given to record the session, the recorder is turned on and the interview begins. After the interview is completed, we have a post-session in which we talk about the conversation which they have just observed. If interviewees consent, then they too participate in the discussion. During this part, I share my impressions of the interview and discuss what I thought worked well and what I thought I could have improved. The students and interviewees also present their views of the event too.

The use of a post-session in which participants review the interview is quite common in marriage and family therapy training and supervision ([Liddle, Breunlin, & Schwartz, 1988](#)). In such interactions, the therapist, the supervisor, and the therapy team, if present, all get together to

recount and critique the therapy interview just completed and plan for the next clinical session. By juxtaposing the post-session so closely in time with the therapy session, the process stays very fresh in the minds of the participants. This closeness to the event helps to stimulate recall and can lead to very lively debate and discussion.

When the class is completed, the students have the writing up of their observations as a homework assignment. This also helps them to have some experience with recording their observations from the field. If the students need so, they can check out the tape of the interview and listen to it in one of our clinic's observation rooms. This re-searching opportunity helps the student to build up their capacity to absorb during an interview and to see what they may have missed during their first exposure to the event. In these papers of five to ten pages the students give their general impressions of the interview as well as those observations which occurred in their selected gazes (i.e., participant and channel). They can also include new questions they had about the interview. They turn in their papers in online or in the next class. I review their papers to see what particulars they observed and which ones they did not. I also collect new questions and observations which had not come up during the in-class post-session and present these back to the class.

Exercise Two: Rotational Interviewing

After the Interviewing in the Round exercise, I have the students break up into groups of three or four for the Rotational Interviewing exercise. In this exercise, the students will rotate through three roles: the interviewer, the interviewee, and the observer. Over the course of a three hour class, each one in the three person group will have an opportunity to interview, to be interviewed, and to observe an interview. This exercise is designed to help students to begin to get the feel of interviewing in a controlled environment. It is also designed for the interviewers to get a feel for what it is like to be interviewed. Lastly, observers gain another opportunity to sharpen their abilities to observe and record interviewing behavior.

The groups create their own scenarios for conducting their research interview. As with the case of the Interviewing in the Round Exercise, interviewers put together a context for their interview and prepare the protocols for their interviews. The students write up these scenarios and submit them to me before the actual interviews. I give them feedback on their concepts and interviewing plans.

As was the case the Interview in the Round, these interview are also recorded. They can be audio recorded and/or video recorded. In our program, we usually videotape the Rotational Interviews. Being part of a marriage and family therapy program which has a clinic, with a number of rooms outfitted with one-way mirrors and video recording equipment, really has its advantages and it adds another great level to this exercise. When students complete their interview, they have a video recording of themselves as interviewer. They can re-view the tape over the course of the semester as a tool to begin to develop a meta-perspective on their behavior in interaction. As a goal for our researchers, we in the department feel that it is extremely important that researchers, and clinicians as well, have an awareness of how they participate in their dealings with others. Re- viewing and re-listening to themselves helps the students to develop a meta-perspective on

themselves. This ability to "see" and "hear" oneself as one is acting in real-time is a crucial skill for clinical and researching interviewers alike.

When the interviews are completed, interviewers receive a "180 degree" evaluation. By 180 degree evaluation, I mean that the interviewers get feedback from all around themselves, just like I did in the Interviewing in the Round. The students-as-interviewees and the students-as-observers all offer their observations to the interviewers. This interaction, along with the opportunities to review their tapes, gives these beginning interviewers much needed experience before they go out in the world and begin to interview others.

Exercise Three: Self Supervision Exercise

A hallmark of family therapy education and training is live supervision. In live supervision, supervisors are there with the therapists as the therapy sessions are unfolding in real-time. The philosophy behind this model of training holds that it is better education for the therapists and better therapy for the clients if the supervisors are there in the therapy room, or behind the mirror observing what transpires in the therapy room. The therapists-as-students get immediate feedback on their work and the clients receive the benefit of having more-experienced practitioners right there, just in case something goes wrong with the process.

Family therapy educators also use a variety of "dead" supervision models ([McCullum & Wetchler, 1995](#)). In these approaches, therapists receive feedback after the sessions are completed. These types of supervision can be accomplished through case consultation discussions, reviews of tapes of therapists' sessions, and/or through the review of therapists' case notes.

Both of these approaches to the supervision of clinical interviewing can be readily adapted to the education of research interviewers. As can be seen from the Rotational Interviewing and Interviewing in the Round exercises, educators can incorporate all sorts of configurations of supervision in the process.

One interesting form of supervision is known as self-supervision. In this approach, the supervisor supervises him or her self. For the most part, this is probably the most prevalent form of supervision in researching interviewing today: interviewers reflecting on how they performed in the interview just conducted or in the one of theirs to which they just listened. Over time, this can be a very effective and useful approach for interviewers in correcting problems with their interviewing style.

One problem with this approach is its "dead" characteristics. If the reflections only occur after an interview has been conducted, the opportunity to be different in the interview itself has been lost. A live model of supervision would work in this case, but it may not be always economical and feasible for research supervisors or dissertation chairs to follow their interviewers around and provide live supervision. Although we can do such a process in our clinical facilities, not everyone has such a set up and, in some projects, conducting interviews in such a setting would not be the best environment.

A way to make self-supervision more like the live varieties is to build an intersession break into the research interview process itself. Many family therapy training models have such a break built into their protocols. In an hour-long therapy session, therapists will ask to take a break to consult with their team and/or supervisor after thirty or forty minutes have elapsed. The clients can have an opportunity to get some fresh air and the therapist can go back behind the mirror and consult with their "participants observers"--their supervisors and team members. During this mid-session break, they discuss how the first part of the session has been going and make plans for the rest of the interview.

With research interviews, interviewers may not have the luxury of having a team or supervisor along with them, but they can always take a break to clear their heads, review the interview as it has been unfolding, and make any mid-session corrections which may need to be made. In this way, interviewers can call upon their previous training and experience to help them to make their current interview better. Over time, they may not have to call such breaks, but for beginners, these little respites might just be what the researchers need to help themselves develop as interviewers.

Beginning interviewers can practice a model of live self-supervision by building breaks into either of the exercises described earlier. Sometimes I have taken a break in the Interview in the Round exercise to have one of these self-supervision conversations out loud. I have also taken an mid-session break as an opportunity to consult with my team--the class, and to get their feedback as to how things were going (or not going!) with the interview.

With the Rotational Interviews, the same breaking behavior can be added. I have also incorporated the call-in equipment we have available in our clinics to help with this process. We have a number of telephones connecting our therapy and observation rooms. With these devices a supervisor can call into the therapy session and have a conversation with the therapist. These talks serve a similar purpose as the mid-session breaks in that supervisors can help therapists with any problems in the room as they are happening or offer suggestions as to other things to try in the interview. Just like the intersession breaks, these in-session conversations can help interviewers to make changes and also begin to build a meta-view on their own work. Eventually, interviewers will begin "to hear their supervisors voices" in their sessions. As problems situations arise, interviewers will be able to recall earlier instances and apply the solutions created back then into interaction now at hand. Such recalls can make the difference between a wonderful interview and one which both parties would soon wish to forget.

Conclusion

The interplay between clinical and research interviews is endless. As more therapists and counselors teach and practice the growing array of qualitative research interview technology, the more we will see such improvisation. Of course, the more these therapists and counselors learn of these interviewing approaches developed by qualitative researchers, the more it is likely that we will see clinical models and procedures influenced by sound qualitative research thinking and practice too.

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