

"Guidelines for Clinical Interviews"

from Entering the Child's Mind: The Clinical Interview in Psychological Research and Practice by Herbert P. Ginsburg.
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ASSESSING THINKING: WHAT DOES THE CHILD KNOW?

We come now to the heart of the clinical interview: examining the child's thinking. On some occasions, your goal may be discovery; on other occasions, hypothesis testing. But in both cases, you must always interpret the child's behavior and develop hypotheses about the child's mental life. The interviewer – whether researcher or practitioner – is a theorist. Why did the child make that response? What did he mean by that statement? Although it is vital to interpret, don't leap to conclusions.

Don't Discourage the Child's Way of Solving Problems

Children often solve problems in unorthodox ways. Much of the charm of Piaget's work lies in showing that children see the world differently from the ways we do, and that their conceptions make a certain amount of sense. Yes, the sun does seem to be following us around when we walk. Yes, $12 - 4$ does equal 12 if you cannot subtract a larger number (4) from a smaller one (2) and if you don't understand "borrowing." In school, children may solve problems in ways that the teacher did not teach. The child may not memorize the answer to $5 + 4$ and instead figure it out by reasoning that it must be one more than $4 + 4$. Indeed, the teacher often may not approve of the child's personal methods for solving problems, as is often true in the case of arithmetic by finger counting.¹¹

What to do? The first commandment is not to belittle the child's ideas. Almost invariably they make some sense – from the child's point of view. The child constructs these ideas in an attempt to understand, to create meaning. You must help the child to realize that you accept and even value her methods of solving problems, even if they

are unorthodox. Your first goal is to find out how the child thinks. Even if you may later wish to teach the child another method, you first need to find out how the child spontaneously approaches the task, and you need to make the child feel that what she does has value (which is tremendously motivating for the child). Later, you can use what you learn about these personal ways of thinking to help the child move beyond them to something more effective.

*Don't Assume That a Wrong Answer Is Wrong or
That a Right Answer Is Right*



Sometimes, when the child gives what seems to be an incorrect answer, it may be the result of an interesting line of reasoning, a result of assumptions different from those which motivated your question. Indeed, the child's "wrong" answer may really be the "right" answer to a different question, a question you did not ask.

For example, 4-year-old Dorothy¹² was asked, "Is a pencil crooked or straight?" She replied, "Crooked." To the interviewer's question, "How do you know that?" she replied, "Because it is bumpy and bends around the ends." Subsequent questioning revealed that she knew that most of the pencil is straight; only the ends are different. Her answer "Crooked" was the correct response to the question (which was not intended or asked!) "Are the ends of the pencil straight?" In that sense, her wrong answer was not wrong.

Similarly, when the child gives a correct answer, don't assume that the reasoning behind it is sound. Dorothy was told: "Listen carefully and tell me if the sentence I say is a good or bad sentence. 'Tom's sister haven't been shopping today.'" She replied, "Bad sentence." The interviewer asked, "Why?" Dorothy replied, "Because they didn't have food to eat for dinner." In other words, Dorothy seemed to think that the sentence was bad, not because it was grammatically incorrect, but because it would lead to an unfortunate result, namely nothing to eat for dinner.

If wrong answers can be right, and right answers wrong, what is an interviewer to do? The solution is: Look beneath the answer to understand the thought that produced it.

** Ask the Fundamental Question*

One way to accomplish this is to ask the child how he solved the problem. The fundamental question of clinical interviewing is "How did you do that?" Of course, this generic question may be varied in many ways to accommodate different children, different ages, and different situations. Here are several ways to ask children how they did it:

"Can you do it out loud?"

"How did you figure that out?"

"Can you show me how you did it?"

"How do you know?"

"How would you show it?"

Some children are unwilling or afraid to display their personal ways of solving problems. The teacher may have told them that their way is wrong or babyish, and so they are reluctant to talk about it. Or they may generally try to please adults by saying whatever it is that adults seem to want to hear. In cases like these, you have to communicate that you really want to learn about the child's ways of thinking. One way to do this is to say, "Can you now show me a different way to do it?" Or "Show me a new way." Or even "Do it a different way from how you do it at school."

Another approach to an uncommunicative child is to ask her to discuss examples of other children's work. "Here is how another kid in your class solved the problem. Here is what he said about how he did it. . . . What do you think about that?"

Shh!

On some occasions, a very important interview technique is to say nothing. Ask no questions. Do not rush the child or probe constantly. For example, when Toby counted by twos up to 12, apparently by rote memory, and could not go on, I simply waited for her to continue. It seemed like an eternity but was in fact only about 10 or 15 seconds.

This made her uncomfortable, I think, but had the virtue of conveying the message that I expected her to work hard at the problem and come up with a solution.

Doing nothing is of course harder for interviewers than doing something, especially when (as I have advised) they are attempting to take an active role in following up on the child's thought. But the child needs ample time to think and work out her methods of solution (and she needs to *learn* to think carefully if she doesn't already do it). The child needs to learn that you are not interested solely in quick, correct answers but take seriously, and indeed encourage, her attempts to think things through.

The danger in this tactic, of course, is in putting the child on the hot seat, making her uncomfortable. Here clinical judgment again comes into play. You have to decide whether the particular child can take the pressure and will profit from your silence. If the answer is yes, then just wait, and then maybe ask the question again before going on to something else.

Echo and Reflect

On some occasions the Rogerian technique of "reflection" may suffice to elicit interesting material. Instead of asking directly, "How did you do it?" or the like, you simply repeat or echo the child's last statement. For example, at one point Toby told me about her "robot book": "No, you see, we have this robot book, and that's how you do it, you see, you have all different math . . . it has a robot and, um, there's math on it." My response (partly because I did not know what she could be talking about) was a simple reflection: "So a robot book you have in class, and it has math on it?" Similarly, later on, Toby said, "Yeah . . . you could count them or count them with your fingers, but the teacher doesn't want you to count with your fingers," and I echoed, "She doesn't want you to count with your fingers?"

This approach is not appropriate at the beginning of the interview, when the child does not know that the focus is on exploring thinking, but it may be useful after you have already established the "rules of the game" and may have asked the "How did you do it?" question more times than may seem comfortable.

Ask for Justifications

Another way to elicit the child's thought processes is to ask for a proof that the answer is right or that the belief is correct. "How could you prove it to me?" "How could you make sure you are really right about that?" Asking in this manner for justifications does not require the child to introspect about the thought processes she used to obtain the solution or come to the belief. Rather, the request encourages the child to think about the issue, perhaps for the first time. Perhaps the child simply learned by rote memory that $2 + 2$ is 4; now she has to figure out why that might be true. Perhaps the child did not realize that the magnitude of the damage was the factor determining a judgment of guilt; now she must explain to another the grounds for the judgment. Or perhaps the child does not know that she attributes life to any object that moves; now she must explicitly consider the criteria for a judgment of life. In general, a request for justification says to the child: "You may not have thought about this before, but think about it now."

Of course, such a request may not elicit from the child an account of the methods by which the problem was in fact solved. In Piaget's terms, the child's response may not be a "spontaneous conviction." The child may begin to think about the issue for the first time and produce new justifications. Of course, although new, these may be interesting and may provide insight into how the child now thinks about the issue, not how she did in fact come up with the solution or belief in question. In Piaget's terms (1976a, p. 11), the current justification is a "liberated conviction" which reflects the child's "natural tendencies of mind."

Explore

The interviewer begins with theoretical notions about the ways in which children think about certain problems: for example, that the young child sees inanimate objects as "alive," possessing minds and thoughts. But often the child responds in unexpected ways; her answers do not fit the interviewer's existing categories. According to the

child, the toy is not exactly alive, but it is not exactly a nonliving object either.

What to do? The strength of the clinical interview is that it allows the interviewer to explore the child's way of thinking, even if it is unusual or unexpected, even if it does not conform to the interviewer's hypotheses. After all, the ultimate issue is not what the interviewer has in mind; it is what is on the child's mind. So if the child does or says the unexpected, explore it. Follow the child's response wherever it leads. If the child uses an unusual method to solve a problem, don't worry about whether it fits your category; find out as much as you can about what the child did. If the child gives an unconventional reason for doing something, ask for an explanation and explore the underlying logic.

Help the Child to Introspect

As we saw in the case of Toby, the clinical interview may involve giving the child practice in introspection and its expression. After all, most children are not accustomed to examining their mental processes and talking about them. Even the most willing and cooperative child may have difficulty in talking about thinking. You need to help the child to observe her internal states and express in words what is observed. Indeed, the child needs to learn a new, shared vocabulary of the mind, a vocabulary that can make public what is ordinarily private. You and the child need to agree on what you both mean by *thinking* and *ideas*, and the like.

Of course, none of this is easy. As we have seen, many writers (Flavell et al., 1995; Piaget, 1976b) claim that young children in particular find it hard to introspect, and psychologists have disagreed for at least a century on the meaning of mentalistic terms like *mind* and *thinking*.

Observe

Despite your best efforts, some children may not say (and cannot learn to say) very much about their thinking. However, there is more to the clinical interview than recording and evaluating answers to

questions and other verbal material. A major component of the clinical interview is observing the child's behavior very carefully for whatever clues it may offer about thinking. You can get useful information by observing how she is using her fingers when she does math, what she says when she whispers to herself, or what parts of a story she attends to when she reads. Look also at the child's facial expression and gestures; note pauses and pace; "paralinguistic" cues can convey meaning.

So, look carefully. Children's behavior often reveals a good deal about their thought.

Experiment

The interviewer can also learn about a child's thought by experimentation. A true experiment involves manipulating the "independent variable" (while holding other factors constant) and observing its effects on the "dependent variable," the subject's response.¹³ Thus, you feed three different doses of a drug to an animal and observe the effects on learning to traverse a maze. If the animal learns the maze most quickly when the dose is high, you can conclude that dosage affects learning.

The clinical interview also involves experiments in the sense that the interviewer often presents planned variations on a problem, observes their effects on the child, and from this information makes inferences about response. At key moments, the interviewer introduces critical problems or experimental variations to decide among various hypotheses. For example, suppose that the child seems to believe that things are alive if they move. She does not tell you this directly, but that is your hunch. One way to check it is to determine whether the child attributes life to several different kinds of objects, some of which move (a car) and some of which don't (a candlestick). Movement then is the independent variable and judgments of life are the dependent variable, and you have performed an experiment (faulty as it may be)¹⁴ to determine the relation between the two.

Piaget relied often on such experimental techniques, perhaps because he did not believe that children are proficient at introspection. Thus, in the case of conservation, Piaget varied the physical arrange-

ment of two objects that were in some way equivalent (in length, volume, etc.) and determined whether these variations affected the child's judgment of their equivalence. The child did not have to say much about her reasoning; she needed only to indicate whether the two objects were the "same" or not. So don't rely solely on the child to tell you what she is thinking. Discover how she reacts to key variations in problems.

Consider next several "don'ts" – interview sins which should usually (with reference to the clinical interview, never say *never*) be avoided.

Don't Talk Too Much

The child should do most of the talking, not you. Of course, you have to be active, asking penetrating questions. But you should spend most of your time listening to what the child has to say and observing. If you are talking more than the child, something is wrong.

Don't Ask Leading Questions

Phrase your question in a neutral way so as to avoid suggesting an answer. "The golden rule is to avoid suggestion" (Piaget, 1976a, p. 13). Don't say, "Did you get the answer by . . . ?" Say instead, "What did you do to get this answer?" Don't say, "Which line of candies has more?" Say instead, "Do both lines of candies have the same number or does one line have more?"

Suspend the Tendency to Correct and Teach

As an interviewer, you must refrain from correcting and teaching (in the sense of providing direct instruction), except under certain circumstances to be described when we consider children's learning potential. Don't say, "No, you're wrong; this is how to do it." (And don't show your disapproval of an incorrect response by grimacing, scowling, or rolling your eyes.) Remember Binet and Simon's (1916) advice: "Naturally, one will not fall into the ridiculous error of teaching him; it is a question here of ascertaining the state of his mentality, not of teaching" (p. 295).