

INTERVIEWS II: THEORIES AND TECHNIQUES

8. INTERVIEWING FOR SPECIFIC CONDITIONS

8.1. Elderly

Interviewing an elderly person for an open job position can be awkward for a younger manager. It's often difficult to relate to a person much older than you or to imagine being his/her manager. Instead, focusing on the wisdom and experience the candidate can bring to your company can make the interview flow smoothly. What do they offer? According to the U.S. Department of Labor report "The Aging Baby Boom: Implications for Employment and Training Programs," the number of aging workers in need of jobs is growing dramatically. Hard economic times have people working well past their planned retirement ages, although it's sometimes difficult for elderly people to find good paying jobs. When interviewing an older adult for an open position, pay attention to the areas where their strengths tend to lie, which are typically experience, wisdom and work ethic, according to AARP.

While an older person might be perfectly qualified to perform the job duties you need, it's possible he/she may need a few concessions during the interview. For example, many older adults have begun to lose their hearing, so be patient if they ask you to repeat your question. If you think they might have trouble hearing you, don't raise your voice, which can be insulting. Instead, enunciate clearly and slow down your speech pattern so they can better understand the questions. This can help the interview to move along more smoothly, keep your frustration level down their nervousness to a minimum. No one wants to keep asking you to repeat yourself. Elderly people have a wealth of knowledge and experience to bring to your open position, but they often lack advanced technology skills. Ask about technology specifically during the interview to ensure the candidate has the necessary skills. Most senior citizens are willing to learn new technologies if you're willing to train them, so don't rule out elderly candidates unless your technology needs don't allow for training time and expense. In either case, it's best to spell out exactly what your technology needs are and give the candidate a chance to tell you about their skill level and their willingness to attack new technology challenges.

The Baby Boomer generation can bring an element of stability and wisdom to your company, but its members can sometimes act resentful when bossed around by younger professionals. If the candidate you're interviewing is older than you or than the person they would report to, don't dodge the subject. Ask them directly how they would feel about reporting to a younger person who doesn't have the same years of experience. Most candidates are likely to say they can work for anyone, but listen for true acceptance. You want the candidate to say they are willing to learn from anyone with more knowledge, regardless of age, or that they're happy to take direction from younger individuals who have their fingers on the pulse of current industry trends.

In regards to clinical interviews, unlike children, who reach psychological and physiological benchmarks within a year or two of established norms, the deteriorating effects of aging have a wide range. There are 80 year old subjects with remarkable cognitive and physical abilities and, conversely, 65 year old subjects with noticeably impaired memory and affected physiological functions. Consequently, the first goal when interviewing an elderly subject is to make an initial assessment of the person's age related functions. In particular, the investigator needs to assess the subject's senses and memory function.

This exercise example can help you to become more sensitive to how different experience shapes the thinking and feeling of people and how they make each one a unique person. You are required to conduct a study of oral history by an in depth interview of an elderly person whom you know, preferably someone you know quite well and have a concern level of trust so that you do not have to use extra energy trying to convince them to help you. They can be your grandparents, grandaunt, etc. who understand that this exercise is to help you develop an experience of conducting an oral history. Elderly persons who are not articulate or are mentally confused may not be suitable. This interview would probably take a few hours as you may want to give your interviewee sufficient time to tell the details of his/her stories. The interview can also be conducted over 3-4 time periods so that there can be sufficient time to talk. If you have difficulties identifying an elderly person, you can go to visit an elderly social center or parks, or early in the morning and invite some elderly person playing card games there to help you.

The purpose is to develop a strength based perspective of how people overcome difficulties in life. There may be times when the interviewees may feel distressed by revisiting their past wounds and hard times. Do not avoid their pains, listen to them and thank them for disclosing it to you. Try to appreciate their experiences

and feel their pain by putting yourself into their shoes. After appreciating them, ask them what are the things that they have done, people whom they sought help from, events or practice that had been helpful for them in enduring those hard times. We want to learn how they persevere their pain and humiliation, but become a more resilient person.

8.2. Specific Disorders

In our society there is a powerful negative stigma attached to mental illness, especially the more severe forms, like schizophrenia. Schizophrenia is a type of psychosis that is generally characterized by hallucinations, disordered thinking and delusions. Most schizophrenics and others who are mentally ill are no more likely to be dangerous than the general population, but because of their bizarre and unpredictable behavior they often frighten people. Of course, however some mentally ill people are dangerous.

Popular media fuel stereotypes about mental illness and dangerousness, because that is how they generally are portrayed on the screen. Newspapers sensationalize crimes committed by people with mental illness. Our fear of mentally ill people also stems from our own inability to communicate with them and our lack of knowledge about mental illness. Just because they may be behaving in ways that don't make sense to us, doesn't mean that we can't provide them with service that is part of our jobs to provide any constituent or customer.

Some general guidelines for communicating with a person with mental illness begin with being respectful to the person. When someone feels respected and heard, they are more likely to return respect and consider what you have to say. If they are experiencing events like hallucinations, be aware that the hallucinations or the delusions they experience are their reality. You will not be able to talk them out of their reality. They experience the hallucinations or delusional thoughts as real and are motivated by them. Communicate that you understand that they experience those events. Do not pretend that you experience them. Some people with paranoia may be frightened, so be aware that they may need more body space than you. Do not assume that they are not smart and will believe anything you tell them. Mental illness has nothing to do with the person's intelligence level. Do not lie to them, as it will usually break any rapport you might want to establish. Do not just pass them on to another person like a hot potato just to get rid of them. This may save you time in the short run, but may come back to haunt you later, or cause problems for

someone else. Anyone who is passed unnecessarily from one person to another can become angry or violent. Refer them to someone else only if it is an appropriate referral.

Listen to the person and try to understand what he/she is communicating. Often, if you do not turn off your communicating skills, you will be able to understand. Find out what reality based needs you can meet. If needed, set limits with the person as you would others. For example, "I only have five minutes to talk to you" or "If you scream, I will not be able to talk to you." Keep a current list of community resources, like shelters, food programs, and mental health services that you can suggest to them if they need it. Some people will not accept the suggestion, but some will. Call for help (police, security, or colleagues) if you feel physically threatened or need help de-escalating the person.

8.3. Disabled People

As employers well know, the job interview plays a critical role in the hiring process, allowing them the opportunity to identify the individual who possesses the best mix of knowledge, skills and abilities for the position available. Below is information that may assist employers in ensuring maximum benefit from an interview when the person being interviewed happens to have a disability. To prepare for an interview, ensure that your company's application and interviewing procedures comply with the Americans with Disabilities Act (ADA), which prohibits asking disability related questions before a job offer is made. Check that your application forms, employment offices and interviewing locations are accessible to persons with a variety of disabilities.

Be willing to make appropriate and reasonable accommodations to enable an applicant with a disability to participate in the interview, explaining ahead of time what is involved in the process. For example, if an applicant who is blind states that he or she will need help completing forms, provide that assistance. Provide an interpreter as an accommodation or other assistance that is reasonable for an applicant who is deaf, if he or she requests assistance in communicating. Provide details or specific instructions to applicants with cognitive disabilities, if this type of accommodation is required. Inform applicants ahead of time if they will be required to take a test to demonstrate their ability to perform actual or simulated tasks so that they can request a reasonable accommodation, such as a different

format for a written test, if necessary. Such tests are permitted under the ADA as long as they are uniformly given to all applicants.

When conducting the interview, relax and make the applicant feel relaxed. If the applicant has a visible disability or reveals a disability during the interview, concentrate on the individual, not the disability. Treat the individual with the same respect you would treat any candidate whose skills you are seeking. Likewise, hold individuals with disabilities to the same standards as all applicants. Ask only job related questions that speak to the functions of the job for which the applicant is applying. Concentrate on the applicant's technical and professional knowledge, skills, abilities, experiences and interests. Do not try to imagine how you would perform a specific job if you had the applicant's disability. He or she has mastered alternate ways of living and working. If the applicant has a known disability, either because it is obvious or was revealed by the applicant, you may ask him or her to describe how he or she would perform the job.

It is important to note that medical examinations are prohibited under the ADA at the pre-employment offer stage. However, a job offer may be conditional based on the results of a medical examination if all employees entering similar jobs are also required to take an examination. If, after the medical examination, the employer decides not to hire an individual because of a disability, the employer must demonstrate that the reason for the rejection is job related and consistent with business necessity.

A number of resources can assist employers in understanding their responsibilities relative to interviewing job applicants with disabilities.

[Job Accommodation Network \(JAN\)](#)

1-800-526-7234 (V/TTY)

JAN is a free, confidential service from the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) that provides information on job accommodations for people with disabilities, the employment provisions of the ADA and other related legislation.

[Equal Employment Opportunity Commission \(EEOC\)](#)

1-800-669-4000 (V); 1-800-669-6820 (TTY)

The EEOC enforces the ADA's employment provisions. The section of its web site titled "Disability Discrimination" provides access to resources that can answer

employers' questions about how to ensure their hiring process is inclusive of people with disabilities.

Disability and Business Technical Assistance Centers (DBTACs)

1-800-949-4232 (V/TTY)

Ten regional Disability and Business Technical Assistance Centers (DBTACs) sponsored by the U.S. Department of Education's National Institute on Disability and Rehabilitation Research provide ADA information, training and technical assistance across the nation.

Employer Assistance and Resource Network (EARN)

(1-855-275-3276) (V/TTY)

EARN is a free, confidential service from ODEP that connects employers seeking workers with qualified candidates with disabilities and offers technical assistance to employers on issues relating to hiring and employing individuals with disabilities.

8.4. Sexual Inadequacy

When the appropriately structured circumstances represent a health setting, patients display little hesitation in talking about sexual matters if they are talking with a health professional who knows what questions to ask and shows no embarrassment. A polished interviewer can often accommodate patient sensitivity with the topic of sex but an awkward interviewer presents a predicament for the patient. Some patients decide not to continue when they experience obvious interviewer discomfort and simply find someone else with whom to talk. However, in relation to sexual worries, a lengthy period of time may and often does intervene. Years, rather than months or weeks, typically transpire between one unsuccessful effort and a subsequent attempt to talk with a health professional about a sexual problem. Issues with interviewing are outlined below;

Rapport

Rapport is one aspect of the health professional/patient encounter that governs other elements of the interview. Like an umbrella, it covers the way all information is collected, rather than one specific issue. Rapport means the development of a

physician/ patient relationship based on trust and respect and within which information can be readily obtained. Developing rapport involves interviewing, the manner in which information is acquired more than history taking, which is the content of the information itself. A health professional engenders rapport in ways that include the following:

- 1. Demonstration of a caring attitude**
- 2. Respect for the patient and the concerns voiced**
- 3. The manner used in asking questions**

Rapport seems more fragile around the topic of sex than around other issues. The explanations for this sensitivity are not difficult to find. It is not unusual for sex experts to explain the absence of sex related questions in an interview on the hang ups of the interviewer. An interviewer's lack of familiarity with a sexual word or sexual practice can be declared candidly with a minimum loss of respect from the patient, or even the opposite enhanced regard because of the willingness to acknowledge one's limits.

Interviewer Initiative

Only occasionally do patients volunteer information about sexual matters to health professionals, especially if a problem exists. Patients have mixed feelings about this apparent paradox. Health problems are the very reason for consulting a health professional, but to not divulge information is patently counterproductive. Talking about sexual problems can be so embarrassing that it could paralyze any desire to ask for help. When secrecy exists, it is obviously deliberate. However, when a person does not tell all of the truth, it is not the same as lying. Patients withhold information only when questions are not asked. Replies are usually truthful when questions are asked. There are also other reasons for a person's lack of candor, such as being concerned about giving the right answer to a question, but this is less important than questions not being asked. Therefore to discover the presence of problems, the onus is very much on the interviewer to ask pertinent questions. Respondents find it very difficult to come up with language of their own to talk specifically about sexual practices. It is much easier for them to answer direct, simple questions we posed that asked for yes or no answers or simple indications of the frequency with which some behavior had occurred. Many mental health professionals use a nondirective method of acquiring information from patients. This technique involves relative silence by the professional and spontaneity by the patient in talking about concerns, whatever they might be. Such

an approach directly conflicts with the notion of interviewer initiative. In a nondirective environment, frankness in talking about sexual issues rarely occurs, especially detailed descriptions of problems. Although one reasonably begins the inquiry process with an open-ended style of questioning.