The fundamental goal of the initial interview is the establishment of a therapeutic relationship with the counselee.

The Initial Counseling Interview

MANY COUNSELORS have asked themselves at times what should be the primary goal of the initial counseling session. This issue has been debated by specialists for many years. Today two rather divergent viewpoints exist regarding the purpose of the first counselor-counselee interview. One group sees the general objective of the initial interview as serving primarily a diagnostic purpose.* Counselors with this orientation use the period for gathering facts on which they can formulate some type of diagnostic opinion regarding the counselee’s problem. On the other hand, another group of counselors perceives the primary goal of the initial interview as a time in which a helping relationship is to be established. It is this latter viewpoint which serves as the primary focus for this paper. First, attention is given to the general characteristics of the two approaches in order to distinguish one from the other. This is followed by a presentation of a set of guiding principles which appear to support movement of the counseling process toward the relationship goal.

* Diagnosis as used herein means an assessment of a human situation through critical perception and not its medical usage meaning the recognition of disease by its symptoms.

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The Two Goals

The two different goals for the initial interview as cited previously, while not mutually exclusive, do have some rather basic differences. Those who endorse the diagnostic viewpoint fundamentally believe that a diagnostic opinion must be rendered before any truly effective helping or therapeutic effort can be initiated. Therefore, a counselor’s principal duty in the initial interview is to collect the necessary data on which he can render an evaluative opinion. This belief places the initiative and responsibility for conducting the interview squarely in the hands of the counselor. He is viewed as an expert who, with his special knowledge and skills, is invested with the authority for conducting the interview and procuring the needed data. Often such counselors have a more or less pre-set diagnostic plan to guide the interview. To obtain the requisite data they make use of such techniques as the question-answer method, administration of tests, examination of records and reports, gathering of a case history, and the in-
terviewing of others. The role of such a counselor therefore, is a very active one; the role of the counselee a very passive one in which he answers, submits to, and complies with the wishes of his counselor. In all such efforts the main objective of these counselors is to secure the necessary data on which to render at least a tentative, if not a definitive, diagnostic opinion.

Counselors who see the goal of the initial interview as one in which a helping relationship is to be established hold to a somewhat different set of assumptions and principles. They do not believe that a diagnosis is a prerequisite to the giving of help, support, and other therapeutic acts. This latter group assumes it is possible and advisable to initiate a helping relationship beginning with the first contact with the counselee. In order to work toward this goal of establishing a helping relationship, these counselors believe the initiative and responsibility for conducting the interview is more or less equally shared by both parties. Counseling to them is essentially a collaborative, cooperative, jointly determined enterprise. The expert role of the diagnostically oriented counselor is therefore replaced by a "co-equal" model of interpersonal relationship.

As a consequence of the assumptions held by the relationship counselor, the very nature of the counseling process takes on different characteristics. In general, it becomes a more open, spontaneous, dynamic type of interaction. Since no pre-set plan determines the topics or areas to be covered, the counseling agenda arises more or less spontaneously from the interaction which evolves between counselee and counselor. The counselor plays a listening and supporting role in contrast to the active and directive role inherent in the diagnostic type of interview. The counselee's role, on the other hand, becomes a more active and creative endeavor than the passive and dependent stance required in the other setting. The counselee at the end of the initial interview in a helping relationship should feel that he has had the opportunity to develop the session around issues and problems he has chosen, and that the counselor has accepted him as a person, problems and all. This, in turn, tends to give him a heightened sense of his own personal worth, dignity, and competence.

Several well-known counselors have taken the position that the primary goal of the initial interview is the establishment of a relationship with the counselee. Wolberg (1954) states his views on this point when he writes, "The beginning stage of therapy has for its principal objective the establishing of a working relationship with the patient. This is the crucible in which personality is changed. Without such mutuality, there will be no therapeutic progress. Because the working relationship is so vital to success in therapy, all tasks must be subordinated to the objective of its achievement."

Gill, Newman, and Redlick (1954) also make several comments which are congruent with the relationship goal for the initial interview. They write, "In the psychiatric interview the interpersonal relationship is focal. The psychiatrist must deal adequately with this relationship to insure that the desired communication between therapist and patient shall take place." In the same publication, these authors conclude, after making a survey of the literature concerning the initial interview, "... there is a strong move in the direction of changing the initial interview from a diagnos-