Summary of the Initial Interview

**Information**

- Introduce yourself [1]
- Explain your role in patient’s care
- Outline time, goals of interview

**Openings and Introductions**

- Your initial goals
- Teach respondent role to patient
- Help patient feel comfortable

**Chief Complaint**

- Request for chief complaint is directive but open-ended [9]

**Free Speech [2]**

- Early part of interview is nondirective
- Establish rapport [2–3]
- Adjust your demeanor to patient’s needs
- Monitor your feelings
- Use language patient can comprehend
- Don’t criticize patient or others
- Maintain appropriate distance [4]
- Call patient by title and last name
- Don’t talk about yourself
- Maintain eye contact
- Nod or smile when appropriate
- Use body language
- OK to correct misconceptions about physical, mental sx

**History of the Present Illness [6]**

- Describe symptoms
  - Type
  - Onset and sequence [6]
  - Severity
  - Frequency
  - Duration
  - Context
  - Stressors [7]
  - Vegetative symptoms: sleep, appetite and weight, diurnal variation [6]
- Previous episodes [7]
  - When?
  - What were the symptoms?
  - Recovery complete?
- Previous treatment
  - Type (medications, psychotherapy, social)
  - Compliance
  - Side effects
  - Hospitalizations
- Consequences of illness [7]
  - Marital and sexual
  - Social
  - Legal
  - Job (disability payments?)
  - Interests
- Feelings about symptoms, behavior
  - Negative and positive
- How does patient cope with feelings?

- Establish the need for truth
- Reassure about confidentiality: “If you can’t discuss it, don’t lie; just ask to talk about something else”
- General interviewing principles [10]
- Restate what patient says to be sure you understand
- Don’t phrase questions in the negative
- Avoid asking double questions
- Encourage precision
- Keep questions brief
- Mix open- and closed-ended requests
- Uninterrupted speech
- Open-ended increase validity
- Closed-ended increase information
- Limit confrontations, express gently: “Help me understand” [10]
- Mix open- and closed-ended requests
- Open-ended questions—Tell me more about that?”
- Direct requests—“Tell me about your depression”
- Also obtain feelings with: [11]
- Express concern or sympathy—“I’d feel angry, too”
- Reflection of feelings—“You must have felt frantic”
- Interpretations—“Sounds like how you felt as a child”
### Information

Potentially harmful defense mechanisms [12]

- Acting out
- Denial
- Devaluation
- Displacement
- Dissociation
- Fantasy
- Acting out
- Denial
- Devaluation
- Displacement
- Dissociation
- Fantasy

Also note any of these effective defense mechanisms [12]:

- Intellectualization
- Projection
- Repression
- Splitting
- Reaction formation
- Somatization

Explore areas of clinical interest

### Personal and Social History

**Take charge of interview [15]**

- Encourage shorter answers with nods and smiles
- Directly state when you need to know about something different, but . . .
- Make an empathic comment first
- Raise a finger to interrupt
- Stop taking notes

**If steps above don’t work:**

- Be direct: “We’ll have to move on”
- Use more closed-ended questions [15]
- Use multiple-choice questions

**Transition to new topics [15]**

- Use patient’s own words
- Acknowledge an abrupt transition: “Let me change the subject, now”
- Watch for distortion
- Record significant negatives

**Dealing with resistance [16]**

- Do not allow yourself to become angry
- Switch from discussing facts to feelings
- Reject the behavior, accept the person
- Use verbal and nonverbal encouragements
- Focus on patient’s interests
- Express sympathy
- Reassure patient: Feelings are normal
- Emphasize need for complete database

**If patient is silent, obtain nonverbal response first**

**If confrontation is used: nonjudgmental, nonthreatening**

Last resort: Delay the question

**Riskier techniques [17]**

Offer an excuse for unfavorable information: “All that stress probably made you want to drink”

- Exaggerate negative consequences that didn’t happen: “Nobody died, did they?”
- Induce patient to brag “Any activities for which you could have been arrested, but weren’t?”

**The excessively emotional patient [11]**

Label the emotion: “You feel really angry about this.”

- Speak quietly yourself
- Re-explain what you want
- Switch to closed-ended questions

“Please tell me about your sexual functioning”
Information

First sexual experiences
Nature
Age
Patient’s reaction
Current sexual preference
Current practices: details
Pleasures
Problems
Birth control methods
Extramarital partners
Paraphilias?
Sexually transmitted diseases?
Risk factors for AIDS?
Abuse? [13]
   Childhood molestation, physical abuse
   Rape
   Spouse abuse
Substance misuse [8]
   Type of substance
   Years of use
   Quantity
   Consequences
      Medical problems
      Loss of control
      Personal and interpersonal
   Job
   Legal
   Financial
   Misuse of prescription medications?
Suicide attempts [7]
   Method(s)
   Drugs or alcohol associated?
   Psychological seriousness
   Physical seriousness
Personality traits: Lifelong behavior patterns of:
   Affect (intensity, appropriateness, lability, range)
   Cognition (how patient perceives/interprets self, others)
   Impulse control
   Interpersonal functioning
Process

Lead into questions of abuse cautiously: “Were you ever approached for sex?”
Avoid terms abuse and molestation
Assume that all adults will drink some
Ask about past as well as current use
You can work up to suicide gradually: “Have you ever had any desperate thoughts? Any ideas of harming yourself?”
Assess personality by [14]
   Patient’s self-report
   Informants
   History of interaction with others
   Your direct observation

FAMILY HISTORY [14–15]
   “Has any blood relative—parent, brother, sister, grandparent, child, aunt or uncle, cousin, niece or nephew—ever had any mental illness, including depression, mania, psychosis, hospitalization, severe nervousness, substance use, suicide or attempts, crime?”

MEDICAL HISTORY [14]
   All medical personnel have a stake in obtaining past medical history

REVIEW OF SYSTEMS [14]
   Positive responses in these areas have special relevance to mental health diagnoses
MENTAL STATUS EXAM

Information

Appearance [17]
  Apparent age
  Ethnicity
  Body build, posture
  Nutrition
  Clothing: Neat? Clean? Style?
  Hygiene
  Hairstyle
  Body adornments, jewelry?

General behavior [17]
  Activity level
  Tremors?
  Mannerisms and stereotypies
  Facial expressions
  Eye contact
  Voice
  Attitude toward examiner

Mood [18]
  Type
  Lability
  Appropriateness
  Intensity

Flow of thought [19]
  Word associations
  Rate and rhythm of speech [21]

Content of thought [21]
  Delusions [22]
  Hallucinations [23]
  Anxiety [24]
  Phobias
  Obsessions and compulsions
  Suicide and violence [7, 25]

Consciousness and Cognition [25]
  Language: Comprehension, fluency, naming, repetition, reading, writing [26]
  Attention and concentration [25]
    Serial sevens
    Count backwards
  Cultural information [27]
    Current events
    Five presidents (prime ministers)
  Abstract thinking [27]
    Proverbs
    Similarities and differences
  Insight and Judgment [27–28]

Process

“Observer while taking history

“I’d like to ask some routine (not “silly”) questions…”

“How has your memory been? Do you mind if I test it?

Closure
  Summarize findings
  Set next appointment
  “Do you have any questions for me?”
  [Student: Thank you for your time!]

Numbers in [brackets] refer to pages in A Short Course in Psychiatry (pdf version) by James Morrison

Comments/queries welcomed—and answered

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