Summary of the Initial Interview

Information | *Process*

Openings and Introductions

- Introduce yourself [1]
  - Explain your role in patient's care
  - Outline time, goals of interview
- Your initial goals
  - Teach respondent role to patient
  - Help patient feel comfortable

Chief Complaint

- Ask why patient came for evaluation/treatment
- Request for chief complaint is directive but open-ended [9]

Free Speech [2]

- Allow several minutes for patient to amplify on reasons for coming
- Listen for areas of clinical interest [2]
  - Difficulty thinking (cognitive disorders)
  - Substance use
  - Psychosis
  - Mood disorders (depression and mania)
  - Anxiety, avoidance behavior, and arousal
  - Physical complaints
  - Social and personality problems
- Summarize presenting problems before moving on
- Early part of interview is nondirective
- Establish rapport [2–3]
  - Adjust your demeanor to patient's needs
  - Monitor your feelings
  - Show your positive affect clearly
  - 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
- Promote flow with silent encouragements [5]
  - Maintain eye contact
  - Nod or smile when appropriate
- Verbal encouragements [5]
  - "Yes" or "Mm-hmm"
  - Repeat patient's own word or words
  - Ask for more information
  - Re-request information if patient doesn't respond at first
  - Briefly summarize to be sure you understand
- Reassure patient when indicated [5]
  - Must be factual, believable
  - 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
  - It's for patient's benefit and for yours
  - 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
  - Watch for new leads
  - Use terms patient can understand
- Probe for details
  - Use direct questions
  - Avoid "Why ..." questions, as a rule
- Limit confrontations, express gently: "Help me understand" [10]
- Mix open- and closed-ended requests
  - Open-ended increase validity
  - Closed-ended increase information
- Elicit feelings best with [11]
  - Uninterrupted speech
  - 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"
  - Watch for voice, body cues—"You looked sad just now"
  - Interpretations—"Sounds like how you felt as a child"

Information

Potentially harmful defense mechanisms [12]
- Acting out
- Denial
- Devaluation
- Displacement
- Dissociation
- Fantasy
- Intellectualization
- Projection
- Repression
- Splitting
- Reaction formation
- Somatization

Explore areas of clinical interest

Process

Also note any of these *effective* defense mechanisms [12]:
- Altruism
- Humor
- Sublimation
- Suppression
- Anticipation

Personal and Social History

Childhood And Growing Up [13]

Where was the patient born?
Number of siblings and sibship position
Reared by both parents?
How did parents get along?
Did patient feel wanted as a child?
If adopted:
- What circumstances?
- Extrafamilial?

Health as a child?
Education
- Last grade completed
- Scholastic problems?
- Activity level?
- School refusal?
- Behavior problems in school?
- Suspension or expulsions?

Sociable as child?
Age dating began?
Sexual development
Hobbies? Interests?

Life As An Adult [13]

Living situation
- Currently with whom?
- Where?
- Finances
- Ever homeless?

Support network
- Family ties
- Agencies help out?

Marital
- Number of marriages
- Age at each
- Problems with spouse?
- Number of children, age, and sex
- Stepchildren?

Legal problems ever?
- Civil
- History of violent behavior
- Arrests

Religion: Which?
- Different from childhood?
- How religious now?

Work history
- Current occupation
- Number of jobs lifetime

Leisure activities
- Clubs, organizations
- Hobbies, interests

Sexual preference and adjustment [14]
- Learning about sex: details

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
Name the emotion you suspect patient is having
If patient is silent, obtain nonverbal response first
Focus on less affect-laden model of patient's behavior
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	*Process*
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]	Lead into questions of abuse cautiously: "Were you ever approached for sex?"
Childhood molestation, physical abuse	Avoid terms *abuse* and *molestation*
Rape	
Spouse abuse	
Substance misuse [8]	Assume that all adults will drink some
Type of substance	Ask about past as well as current use
Years of use	
Quantity	
Consequences	
Medical problems	
Loss of control	
Personal and interpersonal	
Job	
Legal	
Financial	
Misuse of prescription medications?	
Suicide attempts [7]	You can work up to suicide gradually: "Have you ever had any desperate thoughts? Any ideas of harming yourself?"
Method(s)	
Drugs or alcohol associated?	
Psychological seriousness	
Physical seriousness	
Personality traits: Lifelong behavior patterns of:	Assess personality by [14]
Affect (intensity, appropriateness, lability, range)	Patient's self-report
Cognition (how patient perceives/interprets self, others)	Informants
Impulse control	History of interaction with others
Interpersonal functioning	Your direct observation
FAMILY HISTORY [14–15]	
Mental disorder in close relatives	"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?"
Describe parents, siblings, and patient's relationship with them	
Other adults, children in childhood home	
MEDICAL HISTORY [14]	
Operations, major illnesses	All medical personnel have a stake in obtaining past medical history
Medications for nonmental problems	
Dose, frequency	
Side effects	
Allergies: environment & medications	
Physical impairments, nonmental hospitalizations	
REVIEW OF SYSTEMS [14]	
Disorders of appetite	Positive responses in these areas have special relevance to mental health diagnoses
Head injury	
Convulsions	
Unconsciousness	
Premenstrual syndrome	
Specialized ROS for somatization disorder	

MENTAL STATUS EXAM

Information — *Process*

Appearance [17]
- Apparent age
- Ethnicity
- Body build, posture
- Nutrition
- Clothing: Neat? Clean? Style?
- Hygiene
- Hairstyle
- Body adornments, jewelry?
- Alertness: Full? Drowsy? Stupor? Coma?

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]

Observed while taking history

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

Consciousness and Cognition [25]
- Orientation: Person? Place? Time? [25]
- Language: Comprehension, fluency, naming, repetition, reading, writing [26]
- Memory: Immediate? Short-term? Long-term? [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]

"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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