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Clinical Interview for Psychiatric Assessment

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Clinical interview for psychiatric assessment

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Interview skills

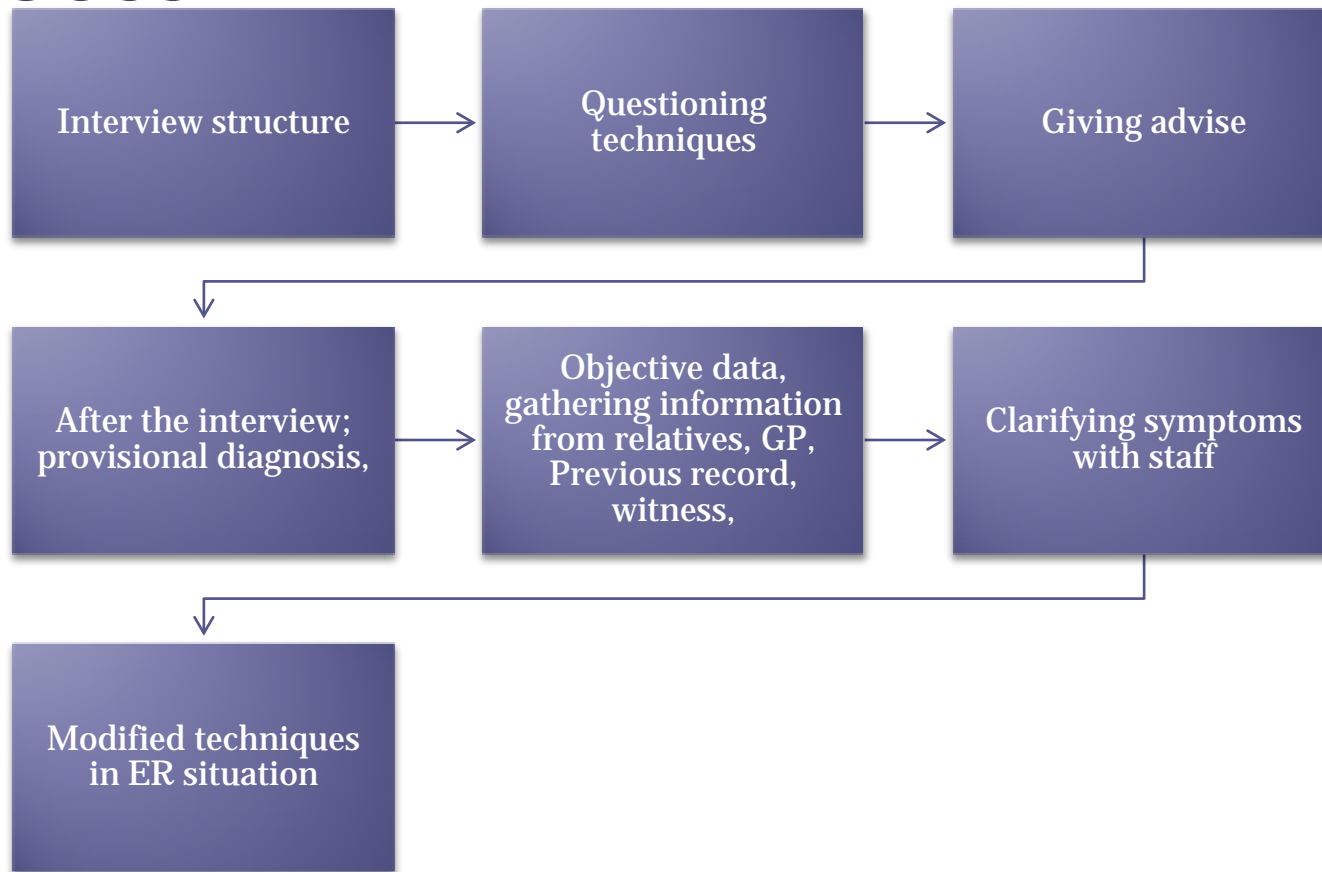
- For diagnosis
- Skill- is main objective of psychiatrist's training
- 1.history taking
- 2.mental state examination- systematic record of patient's current psychopathology
- Onset and development of therapeutic relationship.
- can not be learnt from text books
- Observe others
- Review your own sessions
- Carry out as many as possible
- Experience

Personal safety

Setting the scene

- **Observe normal social and cultural norms**
- **Seating**
- **Explanation**
- **Documentation**
- **Interviewing patients speaking different languages**

Process



Process

- Initiate
- Patient-led history
- Doctor-led history
- Background history
- Summing-up
- Questioning techniques
- Open Vs. closed questions
- Non-directive vs. leading questions

Step by step

Identification
n 1

**Chief
Complains**
2

**History
of present
illness**
3

**Past
psychiatric
History**
4

**Medical
History**
5

**Personal &
Developme
ntal History**
6

**Mental
Status
Examinatio
n**
7

Discussing management

- **Establish therapeutic relationship.**
- **Communicate effectively**
 - be specific,
 - avoid ambiguity,
 - avoid jargon,
 - connect the advise to the patients,
 - use repetition / recapitulation, write down]
- **Instill Hope**
- **Encourage self-help**

History

- **Basic information**
- **Presenting complains**
- **History of presenting complains**
- **Past psychiatric & medical history**
- **Drug history**
- **Family history**
- **Personal history [childhood, education, employment, relationship, forensic]**
- **Social background information**
- **Premorbid personality**

Family tree

Female

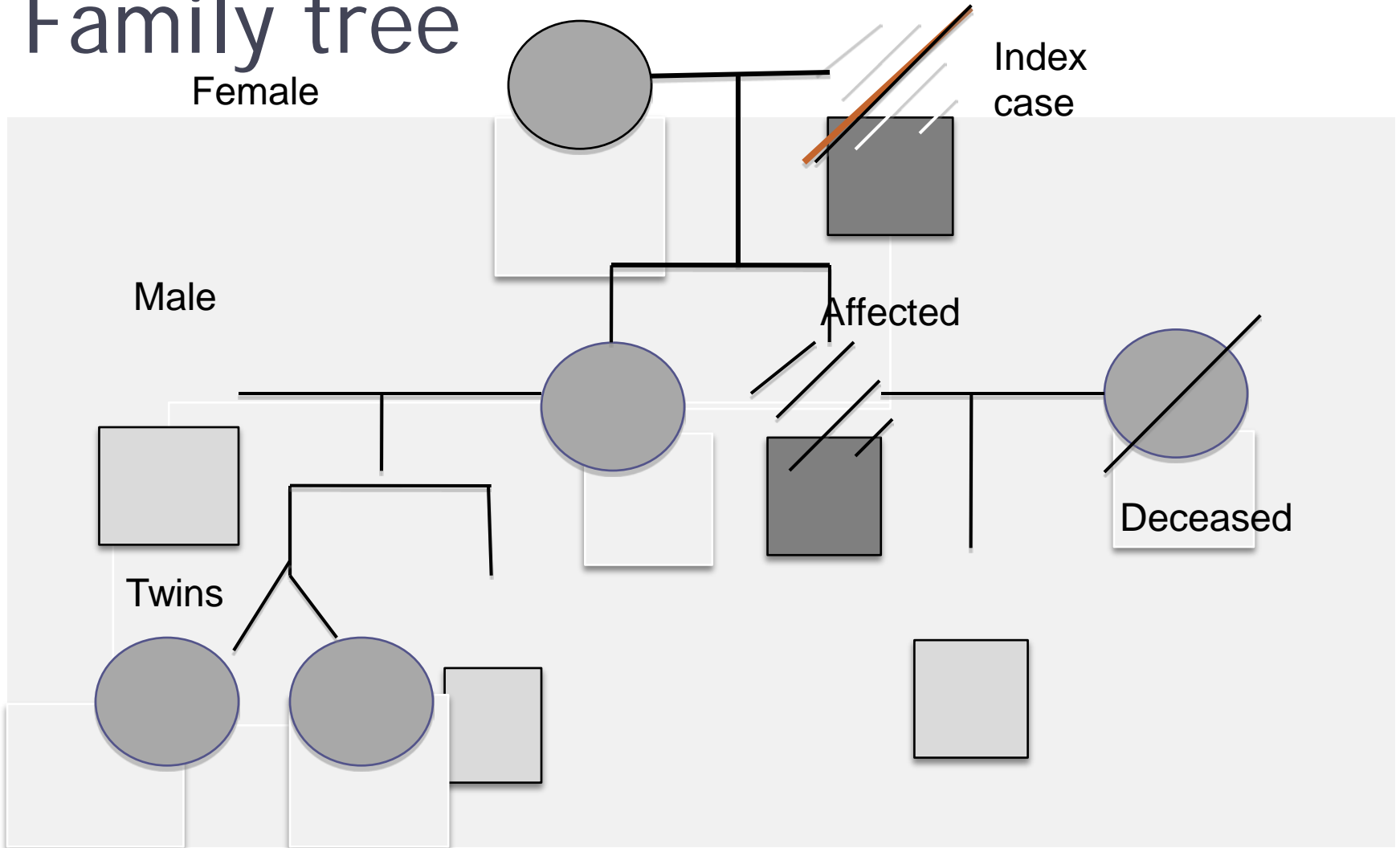
Index case

Male

Affected

Deceased

Twins



Mental status examination

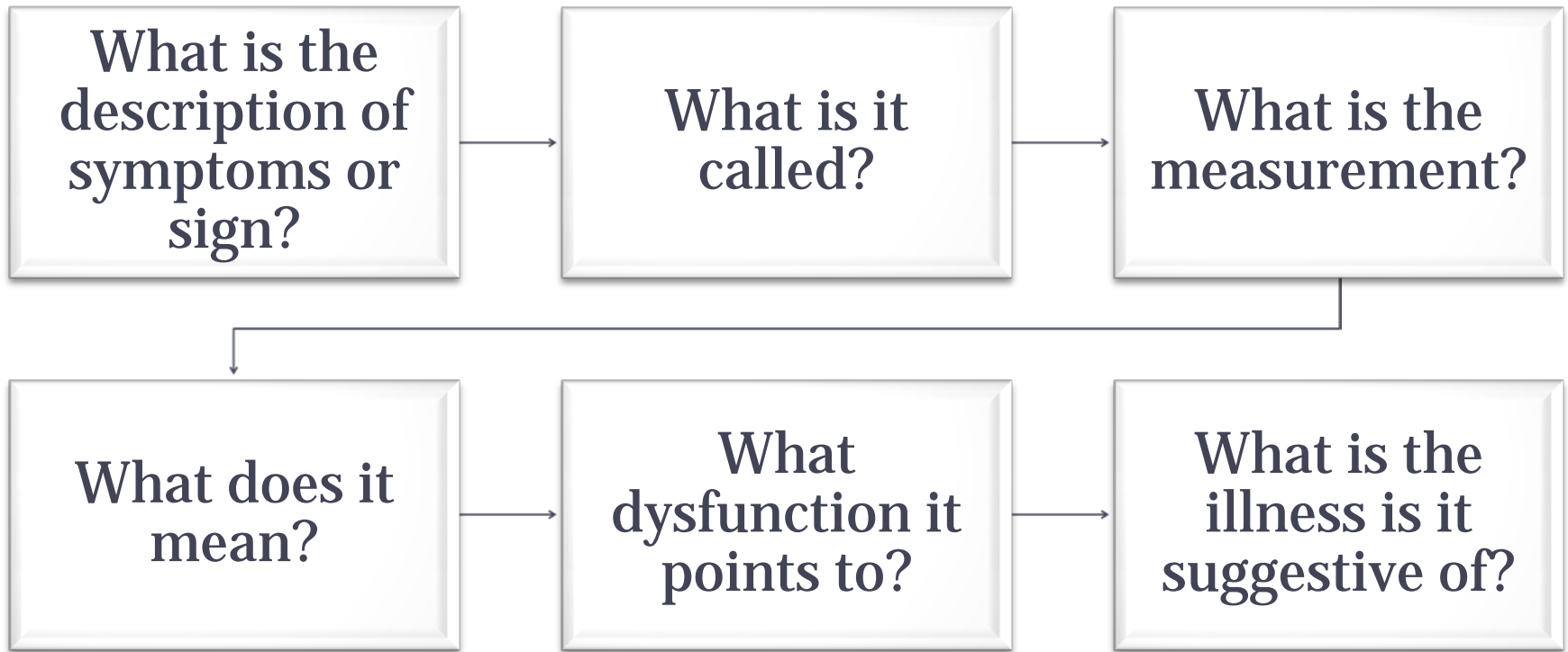
Parameters	Necessary details
Appearance :	age, Race, Style of dress, level of cleanliness, general physical condition
Behavior flight of idea clang & punning,	appropriateness, level of motor activity, apparent level of anxiety, eye contact, rapport, abnormal movement or posture, episodes of aggression distractibility
Speech :	volume, rate, & tone, quantity & fluency, abnormal association,
Mood :	subjective and objective assessment of mood
RISK	thought of Suicide or DSH. Thoughts of harm

Signs

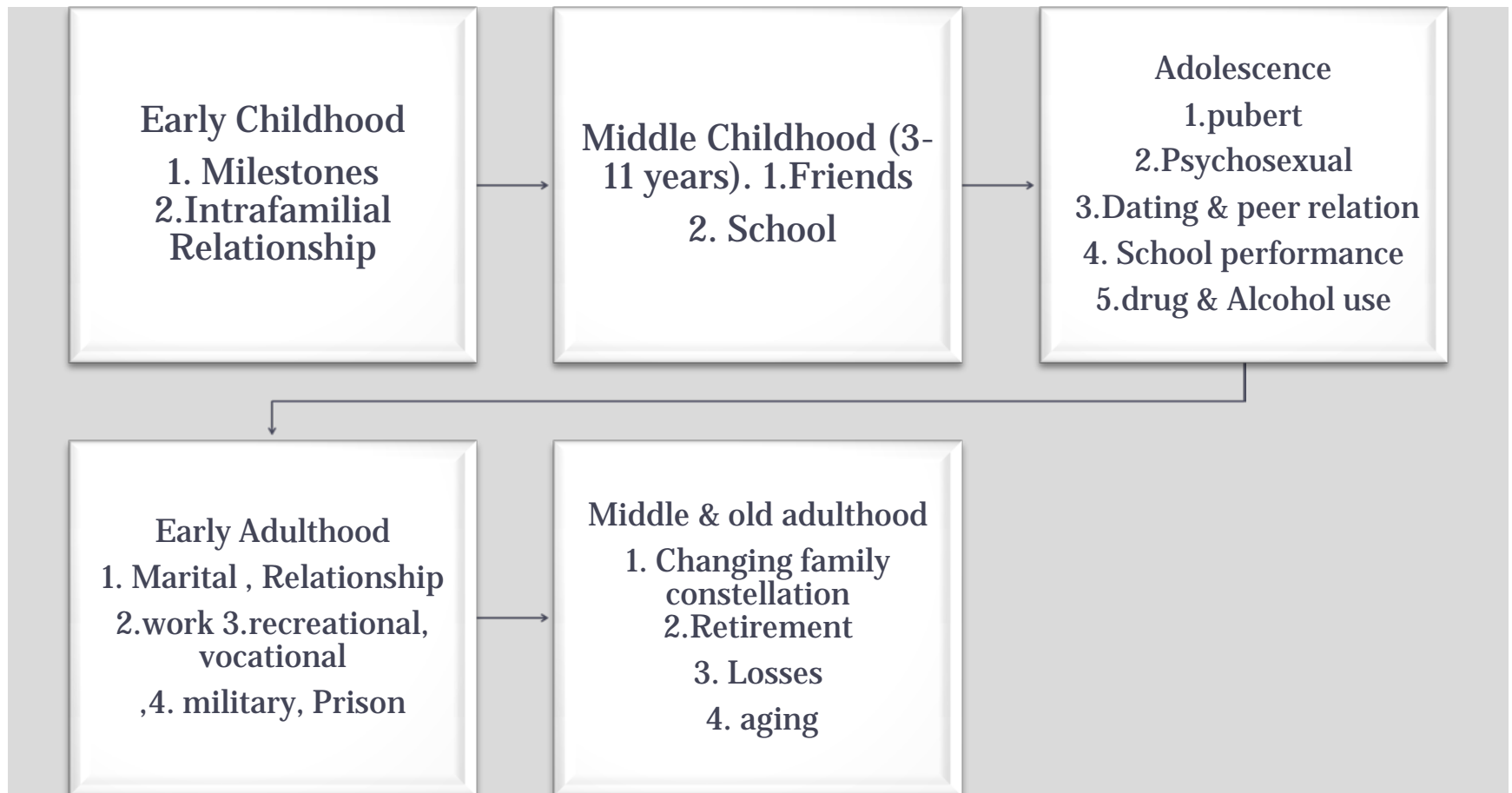
- Anxiety : anxiety & panic symptoms, obsessions and compulsions
- Perception : hallucinations, pseudo-hallucination, depersonalization, derealization
- Thought : form & Content
- Cognition : orientation, level of comprehension, short-term memory, concentration.
- Insight
-

Case summary

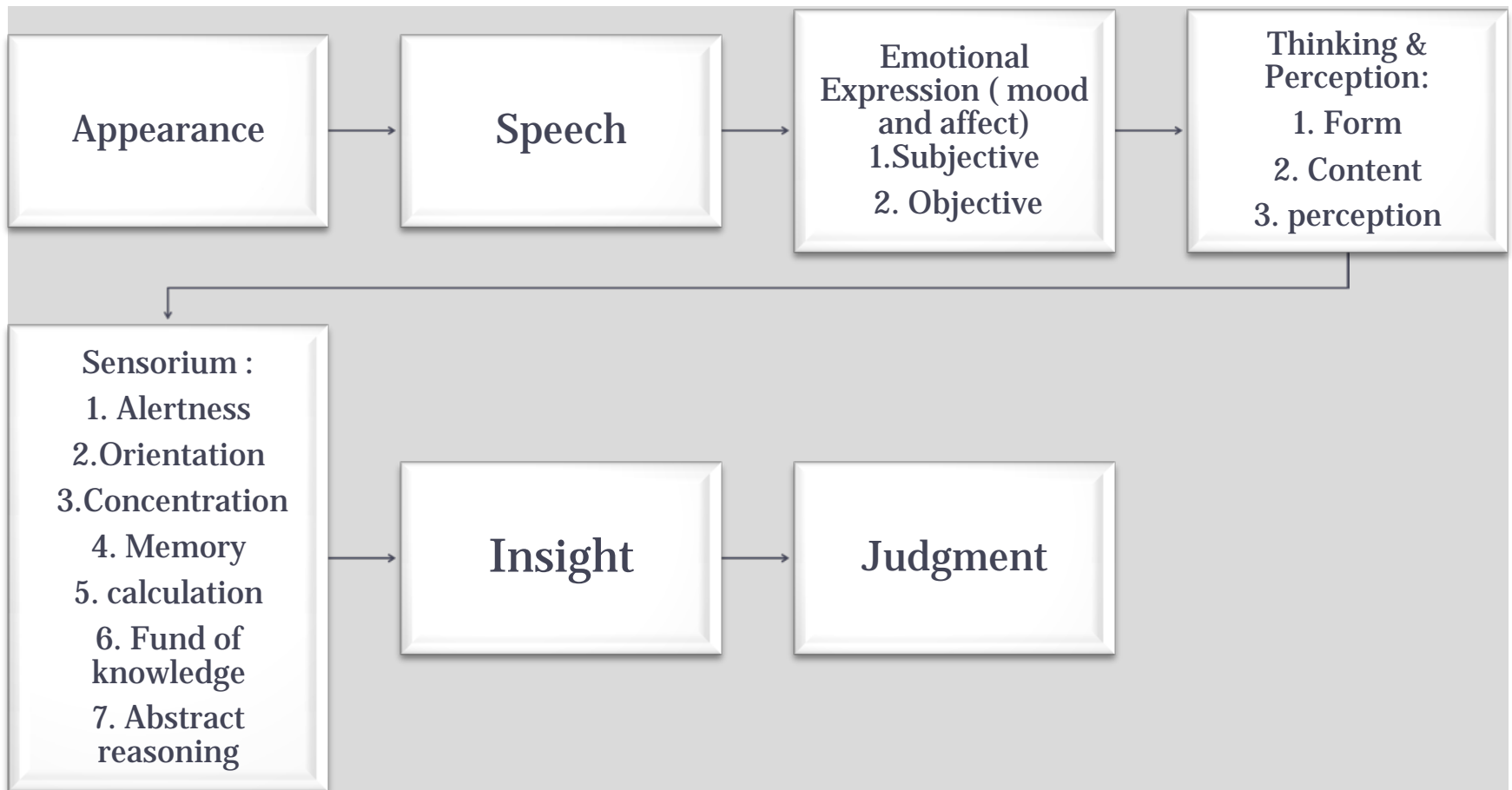
- **Synopsis** : salient points, basic data, CC, Past history, description of presentation, description of current symptoms, positive feature on MSE, risk, attitude to illness.
- **Differential diagnosis**
- **Formulation** : why the person has become ill & why now, 3 P 'predisposing, precipitating, perpetuating'.
- **Management plan** : document, investigation, initial drug treatment, instructions to nursing staff, comment on risk- detainable or not MHA



Personal & developmental



MSE



Observations of appearance and behavior

- What is the appearance?
- Behavior during interview?
- Patients level of activity during the interview?
- Is there any evidence of self-neglect?
- Is behavior totally appropriate?
- Is the behavior threatening, aggressive or violent?
- Are there any abnormal movements?
- Is the patient distractible or appearing responding to hallucinations?

Speech

- Is there any speech at all?
- What is the quantity of speech?
- What is the rate of speech.?
- What is the volume and quantity of speech?
- What is the tone and rhythm ?
- How appropriate is the speech?
- Is there abnormal use of language?

Abnormal mood

- **Affect:** emotional state prevailing at a given time. [weather]
- **Mood :** emotional state over a long period. [climate]

Asking about depressed mood

- How has your mood been lately?
- Does your mood vary over the course of the day?
- Can you still enjoy things that you used to enjoy?
- How are you sleeping?
- How is your appetite like at the moment?
- How is your concentration?
- How is your memory like?
- How is the sexual side of your relationship?
- Do you have any worries on your mind at the moment?
- Do you feel guilty about any thing at the moment?

Asking about thoughts of self-harm

- How do you feel about the future?
- Have you ever thought that life is not worth living?
- Have you ever wished that you go to bed and not get up in the morning?
- Have you had thoughts of ending your life?
- Have you thought about how you would do it?
- Have you made any preparations?
- Have you tried to take your own life?
- Self-injurious behaviors ?

Asking about elevated mood

- How has your mood been lately?
- Do you find your mood is changeable at the moment?
- What is your thinking like at the moment?
- Do you have any special gifts or talents?
- How are you sleeping?
- What is your appetite like at the moment?
- How is your concentration?
- How is the sexual side of your relationship?

Anxiety symptoms

- **Psychic anxiety**-an unpleasant effect, subjective tension, increased arousal,
- **Somatic anxiety**

Abnormal perceptions

- Altered perceptions-sensory distortions and illusions
- False perceptions-hallucination and pseudo hallucination
- Sensory distortion-
 - hyper acusis,
 - micropsia
- Illusions-
 - affect illusion,
 - completion illusion,
 - paridolic illusions,
- Hallucinations:
 - auditory, visual,
 - olfactory, gustatory,
 - Hypnagogic-hypnopompic,
 - elemental hallucination,
 - extracampine,
 - functional,
 - reflex

Asking about abnormal perception

- Have you ever had the sensation that you were unreal- or that the world had become unreal?
- Have you ever had the experience of hearing noises or voices, when there was no one about to explain it?
- Have you seen any visions ?
- Do you ever notice smells or tastes that other people are not bothered by?

Abnormal beliefs

- **Delusions [false unshakable belief]**
- **Out of cultural or religious background**
- **Secondary delusion**
- **Primary delusion**
- **Over valued ideas**

Asking about abnormal beliefs

- Do you have any particular worries preying on your mind at the moment?
- Do you ever feel that people are watching you or paying attention at what you are doing?
- When you watch the television or read the newspaper do you ever feel that the stories refer to you directly, or to things that you have been doing?
- Do you ever feel that people are trying to harm you in any way?
- Do you feel that you are to blame for anything that you are responsible for anything going wrong?
- Do you worry that there is anything wrong with your body or that you have a serious illness?

Asking about first rank symptoms

- Auditory hallucination ['voices heard arguing', thought echo, 'running commentary']
- Delusion of thought interference [thought insertion, thought withdrawal, thought broadcasting]
- Delusions of control [passivity of affect, passivity of impulse, passivity of volitions, somatic passivity]
- Delusional perception

Asking about first rank symptoms

- **Voices commenting**
- **Discussing you between themselves**
- **Repeating your own thoughts back to you**
- **Someone interfering with your thoughts**
- **Putting thoughts in your head or taking them away**
- **Your thoughts can be transmitted**
- **You being controlled**
- **Thoughts, mood or action are being forced on you by someone else**

Disorders of form of thought

- **Disturbance of association between thoughts**
 - Snapping off,
 - fusion,
 - muddling and
 - derailment

Formal Thought Disorder

- Circumstantiality
- Clang association
- Derailment
- Flight of ideas
- Neologism
- Perseveration
- Tangentiality
- Thought blocking

Abnormal cognitive function

- **Level of consciousness**
 - [pathological,
 - physiological]
- **Confusion**
 - [disorientation,
 - misinterpretation,
 - memory impairment,
 - impaired clarity of thought]
- **Memory**
 - [working memory,
 - short term memory,
 - long term memory-episodic procedural and emotional]
- **Intelligence**
- **Acute versus chronic brain failure**

Assessing cognitive function

- **Level of consciousness [glasgow coma scale]**
- **Confusion**
- **Memory**
- **Mmse**
- **IQ**

MMSE

- **Orientation, max 10 points**
- **Registration/concentration/recall, max 11 pts**
- **Language/drawing max 9 points**

Supplementary test for cerebral functioning

- Frontal lobe functioning [frontal assessment battery, visconsin card sorting task, digit span, trail making test, cognitive estimate testing]
- Parietal lobe functioning, test for dominant lesions [finger agnosia, astereoagnosia, dysgraphaesthesia]
- Test for non dominant lesion [asomatognosia, constructional dyspraxia]
- Visual field
- Speech
- Reading writing

Insight

- Does the patient believe that their abnormal experiences are symptoms.
- Their symptoms are attributable to illness
- That the illness is psychiatric
- That psychiatric treatment might benefit them
- Would they be willing to accept advice from a doctor regarding their treatment

Physical examination

- **General examination**
- **Systemic examination**
- **Neurological examination**

Physical signs	Possible causes
'Parkinson's facies'	APD, psychomotor retardation-depression
Abnormal pupil size	opiate
Argyll-Robertson pupil	neurosyphilis
Enlarged parotids	Bulimia nervosa
Hyper salivation	Clozapine/EPS
gynaecomastia	APD/alcoholic liver disease

Clinical investigations



Common assessment instrument

- GHQ
- PSE
- SCAN
- SCID
- DIS
- GFHoNoS
- QOL
- HAM-D
- MADRaS
- BDI
- PANSSHARA
- Y-BOCS
- CAGE questionnaire
- MMPI
- IPDE

Descriptive psychopathology

- Subjective versus objective
- Form vs. content
- Primary versus secondary
- Endogenous vs. reactive
- Psychotic vs. neurotic
- Congruent vs. incongruent
- Structural vs. functional
-

Selected neuropsychological deficits

Left hemisphere	Right hemisphere
aphasia	Visuospatial deficits
Right-left Disorientation	Impaired visual perception
Finger agnosia	Neglect
Dysgraphia (aphasic)	Dysgraphia (spatial, Neglect)
Constructional apraxia (details)	Constructional apraxia (Gestalt)
Limb Apraxia	Dressing apraxia
	Anosognosia

Language disorders

- Broca's aphasia (impaired verbal fluency, intact auditory comprehension, somewhat impaired repetition. Left inferior frontal convolution area 44)
- Wernick's aphasia(intact verbal fluency, impaired comprehension, somewhat impaired repetitions,superior temporal gyrus (area 22)
- Conduction Aphasia (intact auditory comprehension, spontaneous speech ability to repeat is impaired, arcuate fasciculus, which connects Wernicks & Broca.)
- Global Aphasia (impairment of all three fluency, comprehension & repetition,

Cognition

- Limb apraxia
- Arithmetic
- Spatial disorders
 - Visuospatial
 - Neglect
 - Dressing apraxia

Memory disorders
encoding
Retrival
Storage
Executive function

Some issues in neuropsychiatric referral

- Level of functioning
- Differential diagnosis
 - Age/stress related cognitive change
 - Mild traumatic brain injury
 - Poststroke syndromes
 - Detecting early dementia
 - Distinguishing dementia & depression
- Changes in functioning Over Time
- Assessment of competence
- Forensic evaluation

Domains of formal neuropsychiatric assessment

- Battery approach
- Hypothesis-testing approach
- Integration of qualitative and quantitative methods
- Neuropsychological examination techniques
- Interview
- Intellectual functioning
- Attention
- Memory
- Language
- Visuospatial functions
- Sensory & Motor functions
- Executive functions

	Area of function	comment
Intellectual functioning		
	Wechsler Intelligence scale	Age-stratified, up to 89 years, adolescents &
	Shipley scale	Brief, MCQ, open ended verbal abstraction
Attention & concentration		
	Digit span	Auditory verbal measure
	Visual memory span	Ability for spatial sequences
	Paced auditory serial addition test	Subtle processing deficits
Memory		
	WMS-III	Subtests: attention, encoding, retrieval, recognition,
	California verbal learning test	Encoding, possible learning strategies

	Fuld object memory evaluation	Selective reminding format, older people
Language		
	Boston diagnostic aphasia examination	Comprehensive assessment of expressive & repetitive functions
	Boston naming test revised	Word finding difficulty in confrontation format
	Verbal fluency	Ability to generate words
Visuospatial constructional		
	Judgment of line orientation	
	Facial recognition	
	Clock drawing	
	Rey-Osterreith Complex figure test	

Motor		
	Finger tapping	
	Grooved pegboard	
	Grip strength	
Executive function		
	WCST	
	Category test	
	Trail making test	

Medical conditions presenting as neuropsychiatric symptoms

- Neurological
- Endocrine
- Metabolic & systemic
- Toxic
- Nutritional
- Infection
- Autoimmune
- Neoplasm
-
- Vascular
- Infections
- Endocrine
- Toxic
- Neoplasm
- Autoimmune
- Metabolic
- Deficiency
- Trauma

Clinical manifestations of psychiatric disorders

- **Predisposing vulnerabilities**
 - Genetic & intrauterine factors
 - Constitutional factors
 - Physiological stressors
 - Environmental stressors
- **Characteristics of psychiatric signs and symptoms**
 - Reliability problem
 - Nonspecific nature
 - Sign symptoms categories
 - State vs. trait
 - Primary vs. secondary
 - Form vs content
 - Context
 - Problems & impairments
 - Need for comprehensive perspective

Somatic manifestations of psychiatric disorders

- **Sleep**
- **Appetite**
- **Weight**
- **Energy disturbances**
- **Sexual drive**
- **Appearance**

Disturbance in thinking

- **Thought disturbances**
 - **Flow and form**
 - **Continuity**
- **Thought contents**
 - **Delusions**
 - **Overvalued ideas**
 - **Ideas of reference**
 - **Self-mutilatory, suicidal, aggressive and homicidal preoccupations**

Delusions

Characteristics of delusions

- Sample vs complex
- Complete vs partial
- Systematized vs nonsystematized
- Primary vs secondary
- How they affect behavior

Classic type

- Persecution
- Grandeur
- Influence
- Having sinned
- Nihilistic
- Somatic
- Doubles
- Jealousy
- Mood
- Perception
- Memory
- Erotic attachment
- Replacement of significant others
- Disguise

Disturbance of judgment

- Analytical
- Ethical
- Social

- Insight
- Self-deception
- Impulsive judgment

Altered state of consciousness

- Mystical state
- Hypnosis

- Suggestibility
- Dissociative phenomenon

Disturbance of level of consciousness

- Psychological ,Physiological ,Alertness , Awareness , Attentiveness
- Clouding of consciousness
- Torpor
- Stupor
- Coma
- Akinetic mutism or coma vigil
- Delirium

Disorder of sense of self

- Disturbance of orientation
- Disturbance of memory
- Disturbance of perception
- Illusions
- Body image disturbance
- Mood
- Depression
- Elation
- Aggression hostility
impulsiveness violence
- Inappropriateness of mood

Motor aspect of behavior

- Over activity
- Decreased activity motor disturbance
 - Tremor
 - Parkinsons
 - Dystonia
 - Akathisia
 - TD
 - NMS
 - Rabbit syndrome
 - Tics
 - Serotonin syndrome
- Motor disturbance in schizophrenia
 - Catatonia
 - Seizure-like behavior
 - Compulsive behavior

Language disorders

- Speech disorders
- Aphasia
- Disturbance of interpersonal relationship
- Personality traits and disorders

Techniques for Psychiatric assessment

- Time & setting
- Interview:
 - Open-ended & closed –ended questions
 - Supportive & obstructive intervention
 - Interpreting behavior during initial diagnostic interview
 - Recording & notes taking
- Therapeutic interview
- Contractual & non-contractual
- Analytical
- Educative
- Confrontational

Special Problems in interviewing

- **Psychotic Patient**
- **Depressed potentially suicidal**
- **Agitated & potentially violent**
- **From different cultures**
- **Seductive patients**
- **Patients who lie**

Documentation issues

- Is patient's area of dysfunction described? From biological, Psychological & Social point of view?
- Is alcohol or Substance abuse addressed
- Are issues identified in treatment plan and followed in progress notes?
- When there is a variance in the patient's outcome: Is there a note in the progress note to that effect,? Is there also a note reflecting the clinical strategies to overcome the impediment
- If new clinical strategies are implemented, how is their impact evaluated?

Documentation issues

- Is there MDT input
- Do progress notes indicate the patient's functioning in the therapeutic community and its relationship to discharge criteria.
- Can one extrapolate from therapeutic community how they will behave in community at large?
- Are there notes indicating patients understanding of discharge planning
- Do progress notes bridge the differences in thinking of other disciplines?
- Are patients needs addressed in treatment plan
- Are the patients family needs evaluated and implemented.
- Is alcohol & substance mentioned as a possible contributor to readmission?
- Are types of medication listed
- Are medication effects documented