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The psychiatric interview

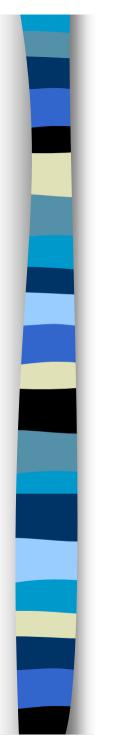
n Similarities between the psychiatric interview and the general medical interview

n The goal of all communication between doctor and patient is to diagnosis and treatment and further the aims of the working alliance between doctor and patient.

The psychiatric interview

n Differences between the psychiatric interview and the general medical interview

- It must communicate personal concerns about disturbed mental functioning through language that can be formed only as a process of mentation
- n In all cases, special tact and sensitivity are required of the psychiatric interviewer



The "A.R.T" of interview

- n Every psychiatric interview may be conceptualized as having three phases:
 - 1. Assessment (评估)
 - 2. Ranking (排序)
 - 3. Transition (转换话题)



Assessment

- n The interviewer should introduce and identify himself, clearly explain the purpose of the meeting with the patient.
- n Invite the patient to begin in as open-ended a manner as possible
- Eg : what sort of trouble have you been having? Tell me about the problem that bring you here.

Why it is important to start in an open-ended manner?

n An invitation to talk tells the patient :you are important to me, I am interested in everything about you.

n Clinician can often discern subtle but important clues to disturbances in thought processes.

n The foundation of good psychiatric interviewing is a working alliance between doctor and patient in a spirit of growing mutual trust.

n The most potent single interviewing technique is empathy(共情), an appreciation of what the patient is going through.

n Pay attention to the patient's comfort.
n Remember the basics.

n Don't be afraid to be yourself.

n Encourage the expression of feelings.

n Consider the patient in developmental terms.

- n Remember that the patient is more scared than you are.
- n Tell the patient what you think he or she is feeling.
- n When an interview bogs down, try repeating the patient's last words.
- n Go ahead and ask the "unaskable".

n Learn to be quiet.

n Pay attention to body language.

n Start broadly and then focus in.

The mental status examination

n Is an instrument used by the clinician to assess a patient's orientation, attention, feeling states, speech, thought patterns, and specific cognitive skills.

Organizing the mental status exam

n Presentation

n Motor behavior and affect

n Cognitive status

n Thought

n mood

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Detailed elements of mental status exam

n Presentation

- n Level of consciousness:coma to alert wakefulness
- n General appearance:body habitués, hygiene, dress
- n Attitude:degree of cooperation and effort

Detailed elements of mental status exam

Motor behavior and affect

n Motor behavior: akinesia, involuntary movements, mannerisms

n Affect: facial expression, gestures, speech characteristics, pressure, volume, prosody

Detailed elements of mental status exam **n** Cognitive status n Attention **attention span:** digit span, number of trails required to learn four word concentration and vigilance: serial subtraction, letter cancellation tasks, months of year backward

n Cognitive status n Orientation

for personal identity, place, time



n Language

fluency: spontaneous speech, description of picture

comprehension: of spoken or written language performing commands of graded complexity,response to "yes/no" questions,pointing to named or described items

n Language

repetition: sentences of graded difficulty, isolated words, letters, numbers

naming: objects and parts of objects to visual confrontation(or on tactile presentation)

reading: aloud vs for comprehension; paragraph, sentence, words, letters, numbers



n Language

writing: written description of picture, write
name and address, write from dictation, copy
a written phrase, word or letter
spelling: words of graded difficulty

n Memory

Verbal memory: four unrelated words recalled after 5 minutes; recall of short story or paired words

Visual memory: reproduction of

figures, recall of where examiner hides object

n Cognitive status n Memory

Constructional ability: reproducing figures from memory, copying figures, constructing blocks or token designs

Calculations: addition, subtraction, multiplication, and division

Reasoning: practical judgment; **abstraction:** similarities and proverb interpretation

Detailed elements of mental status exam

n Thought

Process: coherence, goal directedness, logicality

Content: hallucinations, delusions, preoccupations, suicidal or homicidal ideation Insight: nature of illness and awareness of factors that affect the course of the illness



Detailed elements of mental status exam

n Mood

n Relation to affect and congruence with though content



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