Relative Risk

- Compares the risk for individuals with a family history to the general population risk (assigned a relative risk of 1.0
- Example: Relative risk for developing bipolar disorder is 25, meaning if a patient's father has bipolar disorder, they are 25 times more likely to develop it than someone without the family history.

Interview Environment

- Comfortable, clean space to ease both provider and client.
- Visible clock for time management.
- Access to alarms or safety measures.
- Provider's access to exit for safety.
- Removal of sharp objects (scissors, letter openers).
- Noise-canceling device for privacy.

Psychiatric Interview Setting

- **Inpatient**: Emergency department, psychiatric unit, or hospital serving a consultation-liaison role.
- **Outpatient**: Clinics, community mental health centers, residential care, private practice, primary care, homeless shelters, or homecare.
- Clients may self-refer or be referred for support, guidance, medication management, or court- ordered therapy.

The Psychiatric History

- Describes previous mental health symptoms, whether treated or not.
- Details onset, progression, and symptom characteristics chronologically.
- Differentiates chronic disorders from isolated episodes.
- Information on prior treatments, medications (dosage, response, and adverse effects).
- Psychotherapy history (modality, frequency, length, benefits).
- Includes hospitalizations, suicide attempts, ideation, and self-harm episodes.
- Notes any emotional responses during the inquiry.

Medical Diagnoses That May Present with Psychiatric Symptoms

- **Hyperthyroidism**: Anxiety, panic attacks, mood swings.
- **Hypothyroidism**: Depression, difficulty sleeping, loss of appetite.

- **Diabetes**: Mood disturbances.
- **Chronic pain**: Depression, anxiety, poor sleep.
- **Serious/terminal illnesses (e.g., cancer, autoimmune disorders)**: Anxiety, depression.

Focused Questions for the Psychiatric Assessment: The Psychiatric History

- Have you experienced similar symptoms before? When did they first occur?
- How have your symptoms changed over time?
- What treatments have you tried, and how did you respond to them?
- Have you had psychotherapy? What type and how often?
- Have you been hospitalized for psychiatric issues? When and why?
- Have you had thoughts of self-harm or suicide?
- How do you feel talking about your mental health history?

Focused Questions for the Psychiatric Assessment:

Psychiatric History:

- Have you ever been hospitalized for any mental health issues?
- Have you ever had counseling or psychotherapy?
- Have you ever taken medications for your mental health in the past?
- Are you currently on any medications for mental health or sleep?

Family Psychiatric History:

- Has any relative of yours ever been hospitalized for a mental health issue?
- Has any blood relative of yours ever been diagnosed with a mental health issue?
- Has any blood relative of yours had a history of seizures or dementia/Alzheimer's?

Social and Developmental History:

- Tell me a little bit about your childhood and how you grew up.
- How was your experience in school when you were younger? Did you enjoy school?
- How do you support yourself with your finances?
- Do you have a good support system? Are you currently in a relationship? Where do you live? Who do you live with?
- What do you do in your free time? What activities do you enjoy?

Medical History/Screening for General Medical Conditions:

- Do you have a primary care provider?
- Do you have any medical illnesses?
- Are you currently taking any medications or herbal supplements?
- Do you have any allergies to medications?
- Have you ever been hospitalized for any reason?
- Have you ever had surgery?

Therapeutic Communication:

Verbal Techniques:

- **Active Listening**: Listening attentively to ensure understanding.
- **Broad Openings**: Allowing clients to take the initiative.
- **Accepting**: Indicating you heard the client without judgment.
- **Clarifying**: Making vague topics clear.
- **Exploring**: Examining topics deeper.
- **Focusing**: Directing attention to a single topic.
- **Reflecting**: Directing the client's thoughts and feelings back to them.
- **Restating**: Repeating the client's words in a different way to make them clearer.

Nonverbal Techniques:

- **Positive Techniques**:
    - Relaxed movements
    - Open arm gestures
    - Smiling
    - Respect for personal space
    - Eye contact
    - Nodding when clients talk (to communicate agreement or understanding)
- **Negative Body Language**:
    - Finger-pointing
    - crossed arms
    - looking at a watch

Psychiatric Interview Formats

1. **Psychiatric Interview Long Form**
   Adapted from the one used by Anthony Erdmann, an attending psychiatrist at MGH, who takes notes during patient interviews and places them directly into the chart.
   - **Advantages**: Ensures thorough data evaluation and saves time, as the notes are immediately integrated into the chart.
   - **Disadvantages**: Patients may feel alienated if the clinician appears more focused on filling out the form than engaging with them personally.
2. **Psychiatric Interview Short Form**
   Used for rough notes, particularly when the evaluation will be dictated or written up later.
   - **Advantages**: Less of a barrier between clinician and patient, and it is easy to refer to while dictating.
   - **Disadvantages**: May lead to a less comprehensive evaluation, as it does not capture all relevant details.
3. **Psychiatric Interview Pocket Card**
   A reminder tool for all the topics to cover, with rough notes oken written on paper or not at all.
   - **Advantages**: Encourages maximum interaction between clinician and patient.
   - **Disadvantages**: Required information may not be fully detailed on the card, requiring more reliance on memory.
4. **Patient Questionnaire**
   Helps to collect basic information quickly.
   - **Advantages**: Allows more time to focus on immediate patient concerns during the first session, and can make the patient feel more involved in their care.
   - **Disadvantages**: There is a risk of invalid or inaccurate information being gathered, and some patients may feel burdened by completing it.
5. **Patient Handouts**
   Written materials that provide information about a patient's disorder.
   - **Advantages**: Increases understanding of the diagnosis and fosters a sense of collaboration in treatment.
   - **Disadvantages**: Some patients may find the information overwhelming, or it may be misinterpreted.

Therapeutic Communication

- **Active Listening**
  Involves full attentiveness to verbal and non-verbal cues, ensuring understanding of both what is said and how it is said. Clinicians indicate attentiveness through feedback and body language.

- **Observation**
  Focuses on client presentation, including grooming and facial expressions, which can provide important insights into the patient's mental state

Observation

- Involves client presentation, grooming, and facial expressions.
- Used to collect objective data about the patient's mental and physical state.

Advanced Communication Skills

- **Critical Listening**: Paying full attention to what is being said and how it is said.
- **Critical Questioning**: Asking focused, purposeful questions to gain clarity.
- **Critical Thinking**: Analyzing the information collected to form a coherent understanding of the patient's issues.

Key to Information Collection

- Much of the information during the interview is gathered through **active listening** and **observation**.

Dealing with Delusional Clients

- Delusional clients require patience and understanding.
- Avoid disagreeing with or denying the reality of their delusions during the interview process.

Client Considerations: Mute or Catatonic Clients

- Observation techniques are especially helpful in formulating potential diagnoses.

Pitfalls in Building the Therapeutic Alliance

1. Rushing the interview.
2. Giving unsolicited advice.
3. Transference and countertransference.

Transference and Countertransference

- **Transference**: The client's projection of feelings or desires onto the therapist, often based on past relationships (like those with parents). It can be either positive or negative, offering insight into the client's emotions.
- **Countertransference**: The therapist's own unconscious reactions to a client, influenced by the therapist's personal psychological state. These reactions can be positive or negative, and may influence the therapeutic process.

HPI (History of Present Illness)