Module 2, Part 3: The Psychiatric Interview

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Sensorium & Cognition

- ***Orientation***: To elicit responses concerning orientation, ask the patient questions, as follows. "What is your full name?" (i.e., person). "Do you know where you are?" (i.e., place). "What is the month, date, year, day of the week, and time?" (i.e., time). "Do you know why you are here?" (i.e., situation).
- ***Concentration and attention***: Ask the patient to subtract 7 from 100, then to repeat the task from that response. This is known as "serial 7s." Next, ask the patient to spell the word "world" forward and backward.
- Document the patient's reaction times to particular questions because this may provide valuable information in the overall evaluation.

Sensorium & Cognition

- ***Reading and writing***: Ask the patient to write a simple sentence (noun/verb). Then, ask patient to read a sentence (e.g., "Close your eyes."). This evaluates the patient's ability to sequence.
- ***Visuospatial ability***: Have the patient draw interlocking pentagons in order to determine constructional apraxia. Have the patient "use imaginary scissors" to evaluate motor activity.
- ***Memory***: Have the patient respond to the following prompts. "What was the name of your first grade teacher?" (i.e., for remote memory). "What did you eat for dinner last night?" (i.e., for recent memory). "Repeat these 3 words: 'pen,' 'chair,' 'flag.' "(i.e., for immediate memory). Tell the patient to remember these words. Then, after 5 minutes, have the patient repeat the words. Orientation represents recent memory.

Abstract Thought

- ***Abstract thought***: Assess the patient's ability to determine similarities. Ask the patient how 2 items are alike. For example, an apple and an orange (good response is "fruit"; poor response is "round"), a fly and a tree (good response is "alive"; poor response is "nothing"), or a train and a car (good response is "modes of transportation").
- Assess the patient's ability to understand proverbs. Ask the patient the meaning of certain proverbial phrases. Examples include the following. "A bird in the hand is worth 2 in the bush" (good response is "be grateful for what you already have"; poor response is "one bird in the hand"). "Don't cry over spilled milk" (good response is "don't get upset over the little things"; poor response is "spilling milk is bad").

Intelligence

- ***General fund of knowledge***: Test the patient's knowledge by asking a question such as, "How many nickels are in $1.15?" or asking the patient to list the last 5 presidents of the United States or to list 5 major US cities.
- Obviously, a higher number of correct answers is better; however, the interviewer always should take into consideration the patient's educational background and other training in evaluating answers and assigning scores.
- ***Intelligence***: Based on the information provided by the patient throughout the interview, estimate the patient's intelligence quotient (i.e., below average, average, above average).

Insight

- Assess the patients' understanding of the illness.
- To assess patients' insight to their illness, the interviewer may ask patients if they need help or if they believe their feelings or conditions are normal.
- A patient's attitude toward the clinician and the illness plays an important part to developing insight into their condition and overall prognosis.

Judgment

- Estimate the patient's judgment based on the history or on an imaginary scenario.
- To elicit responses that evaluate a patient's judgment adequately, ask the following question. "What would you do if you smelled smoke in a crowded theater?" (good response is "call 911" or "get help"; poor response is "do nothing" or "light a cigarette").

Impulsivity

- Estimate the degree of the patient's impulse control.
- Ask the patient about doing things without thinking or planning. Ask about hobbies such as coin collecting, golf, skydiving, or rock climbing.

Environmental Risk Factors

- Mental health and well-being is influenced not only by individual attributes, but also by the social circumstances in which persons find themselves and the environment in which they live; these determinants interact with each other dynamically, and may threaten or protect an individual's mental health state.
- Ask if the patient has a home. Inquire if they have a family and if they have contact with that family. Ask where the patient will go at the completion of his or her hospital stay. Also ask who will ensure that the patient remains compliant with medication therapy.

Epidemiological Risk Factors

- Risks to mental health manifest themselves at all stages in life.
- Evaluating the risk in patients will show how risk exposures in the formative stages of life – including substance use in pregnancy, insecure attachment in infancy or family violence in childhood - can affect mental well-being or predispose towards mental disorder many years or even decades later.
- Depending on the local context, certain groups in society may be particularly susceptible to experiencing mental health problems, including households living in poverty, people with chronic health conditions, minority groups, and persons exposed to and/or displaced by war or conflict.

Validated instruments and Screening Tools

- Enable the clinician to further understand the patient experiencing a mental disorder
- Can augment the psychiatric interview findings in developing differential diagnosis and aid in making appropriate DSM 5 diagnoses.
- Aid in gathering a wide variety of data in a relatively short amount of time.
- Helps patients organize their concerns and questions.
- Increase use of evidence-based practice
- Assist in delivering a consistent standardized approach to patient care and monitoring.

Part of the Psychiatric Interview

- Screening tools an assessment instruments are valuable in the psychiatric interview process and in subsequent visits as they help to:
  - Identify patients who may be at risk for adverse outcomes.
  - Identify specific patient needs.
  - Quantify severity of pathology.
  - Monitor for symptom improvement or worsening.
  - Monitor for medication efficacy.

When to Use a Screening or Assessment Tool

- Assessment instruments in screening tools are different
- Screening is the identification of persons at risk four or who might have a particular problem
- Assessment instruments are standardized scales for assessing baseline presentations of symptoms.
- They are also used to identify the quality and quantity of change in patient response.

Standardized Scales

- Standardized psychometric rating scales help add more specificity to findings of symptoms and allow clinicians to make evidence-based care a continuous part of everyday practice.
- These instruments allow common language that can be clearly communicated between providers.

Screening During the Psychiatric Interview

- Screening patients in critical areas of concern in mental health should include:
  - Suicide Risk Screening – high, moderate, or low risk
  - Lethality Risk Screening – thoughts of harm to self or others
  - Violence and Assault Risk Assessment
  - Domestic, Partner, and Intimate Abuse, Assault, and Violence Risk Assessment: includes physical, psychological, and sexual abuse.
  - Neglect is the most common form of child and elder abuse
  - Most common form of sexual abuse in children is incest
  - Fall Risk Assessment
  - Substance Use Screening
  - Nicotine Use Assessment
  - Pain Assessment
  - Nutrition Assessment – weight loss/gain above 15%

Clues to Which Assessment Tool to Use

- There are a number of Standardized Rating and Measurement Scales available for use in Psychiatric Practice.
- As you proceed through the Psychiatric Interview, patient responses as well as clinician observation will trigger what areas may need more in-depth exploration.

Clinical Examples Using Tools

- Patient has symptoms of schizophrenia or psychosis – consider the Brief Psychiatric Rating Scale (BPRS) or the Positive and Negative Syndrome Scale (PANSS).
- Patient shows impaired memory and cognition during the Mental Status Exam – consider the Mini Mental State Exam (MMSE).
- Patient has reported suicidal ideation – consider the Columbia-Suicide Severity Rating Scale (C-SSRS) – this has both adult and child versions or the Suicide Probability Scale (SPS)
- Patient reports symptoms of depression – consider the Hamilton Rating Scale for Depression (HAM-D), Geriatric Depression Scale (if appropriate), the Beck Depression Inventory (BDI I and II – adult and adolescent versions), or the Cornell Scale for Depression in Dementia (CCSD)

More Examples…

- Patient has symptoms of anxiety – consider the Hamilton Anxiety Scale (HAM-A) or the Beck Anxiety Inventory (BAI)
- Patient has symptoms of obsessive compulsive disorder – consider the Yale-Brown OCD Scale (YBOCS) or the Children's Yale-Brown OCD Scale (CY-BOCS)
- Patient is being treated with antipsychotics – Abnormal Involuntary Movement Scale (AIMS)
- Patient is being evaluated for attention deficit/hyperactivity disorder – consider the Connors Rating Scales – Revised (CRS-R), the Vanderbilt ADHD Parental and Teacher Scales, or the Adult ADHD Self-Report Scale (ASRS-1)
- Patient reports concerning amount of substance use during the psychiatric interview – consider the CAGE – AID (altered to include drugs) or the CRAFFT instrument for adolescents

Differential Diagnoses

- Determine the patient's differential diagnosis, for both medical and psychiatric illnesses, based on all information gathered from the patient interview, MSE, psychological testing, review of medical history, and current laboratory reports.
- Include an explanation as to what led you to include that differential diagnosis for this patient.
- Also include a discussion of how you ruled out that differential diagnosis using assessment tools, literature searches, and other pertinent information.

Sample

- Mood Disorder due to a General Medical Condition- This is ruled out by medical history and current medical work-up including lab work indicating no hypothyroidism….
- Substance Induced Mood Disorder- This disorder was ruled out through a personal history in which the patient indicates she does not see a change in aggressiveness due to substances. In addition, she has been under observation in the state hospital for over a month w/out any drugs or medications and continues to display depressive symptoms in children including acting out, being irritable, and aggression. Indeed, the expression of adolescent depression has changed towards externalization in self-destructive behavior (Modrzejewska & Bomba, 2010).
- Manic Episodes with Irritable or Mixed Mood- This disorder was ruled out through careful examination of symptomology consistent with manic episodes.

Diagnosis

- The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) is the standard classification of mental disorders used by mental health professionals in the United States.
- It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations.

Treatment Plan

- The treatment approach that is best suited as a starting point should be noted, including psychotherapeutic, psychopharmacologic, behavioral, and social interventions.
- This also is an excellent place to document further consultations that are deemed necessary.
- A statement regarding the patient's agreement (or lack thereof) with participating in the various portions of the recommended treatment also is wise to add.

Medications

- Include recommendation medication management of the patient's diagnosis. Support this with EBP references.
- Consider the patient's level of compliance, socioeconomic resources, and side effect profile when making your choices.

Laboratory/Diagnostics

- Review laboratory and/or diagnostic tests that would be used to rule out medical problems, establish a baseline before beginning certain therapies, used to monitor for side effects of treatment, and/or used for routine follow up.
- Possibilities include:
  - Routine lab studies
  - Other laboratory tests based on interview and other examinations - Vitamin B-12/folate levels; medication levels, including lithium, imipramine, and digoxin; prothrombin time, activated partial thromboplastin time, and International Normalized Ratio; amylase, lipase, sedimentation rate, luteinizing hormone, follicle-stimulating hormone, hepatitis panel, and copper level
  - Imaging studies
  - Other tests - Electroencephalogram, ECG
  - Procedures - Dexamethasone-suppression test, catecholamine level, lumbar puncture

Referrals/Therapy

- Mental health referral options include:
  - Inpatient care
  - Outpatient care
  - Crisis intervention resources
  - Individual groups
  - Family groups
  - Support groups
  - Educational support groups/resources
  - Home health
  - Community mental health agencies

Discharge Planning

- Discharge planning is effective in reducing readmission to the hospital and improving adherence to aftercare for people with mental health disorders.
- Should consider the following:
  - Resources the patient has in the community
  - Likelihood the patient will comply with the recommended treatment plan
  - Cost/insurance coverage options
  - Additional factors that may impede continued maintenance in the community or promote relapse

Cover All the Bases

- Collaboration with primary care doctors, specialists, or other clinicians should always be a goal.
- Family involvement in a patient's care can often be a useful and integral part of treatment and requires proper patient consent.
- Discussion of safety planning and contact information should occur during the psychiatric interview. The clinician's contact information as well as after-hours coverage scheme should be reviewed.
- The patient needs to be informed of what he or she should do in the case of an emergency, including using the emergency room or calling 911 or crisis hotlines that are available.

Follow up

- Further inpatient care - If patients are suicidal, homicidal, or incapable of taking care of themselves
- Further outpatient care - Based on final diagnosis
- In/out patient medications - Based on final diagnosis
- Transfer - Hospital, nursing home, jail, long-term care facility, or other
- Deterrence/prevention - Education, early intervention, medication compliance
- Complications – PCP or other to assess at intervals
- Education - Medication, disease process, social skills training, vocational rehabilitation, coping, problem-solving skills

A Note About Psychiatric Advance Directives

- It allows the patient to:
  - Register refusal for receiving certain psychiatric interventions such as ECT and psychotropic medications
  - Specify conditions under which these interventions are acceptable
  - Appoint a trusted surrogate decision-maker to give consent on the patient's behalf
  - Register willingness to participate in research studies
- Documentation improves the communication of the patients desires to the Mental health team.

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