IN THE NAME OF GOD

Principles of the Psychiatric Clinical Interview

Presenter:

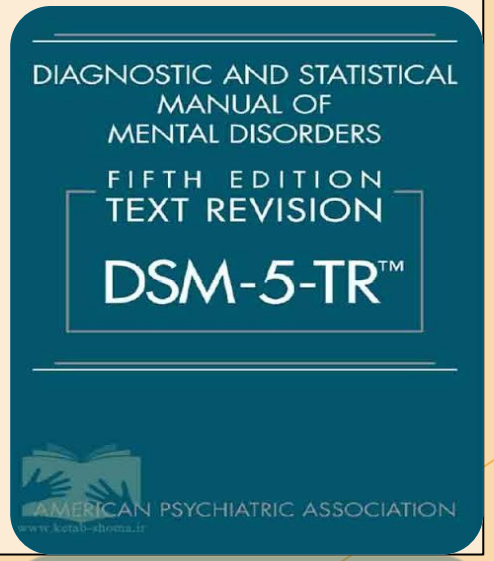
Dr. Hojjat shojaei

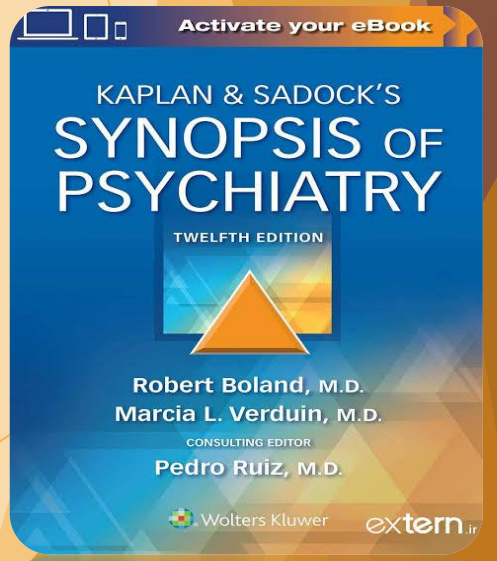
Psychiatrist

Psychiatric Interview & Diagnostic Evaluation

Based on DSM-5-TR & Kaplan & Sadock's Comprehensive Psychiatry

- **Psychiatric evaluation as core clinical skill**
- **Structured clinical interview**
- **Mental status examination (MSE)**
- **Diagnostic reasoning**
- **Risk assessment & formulation**



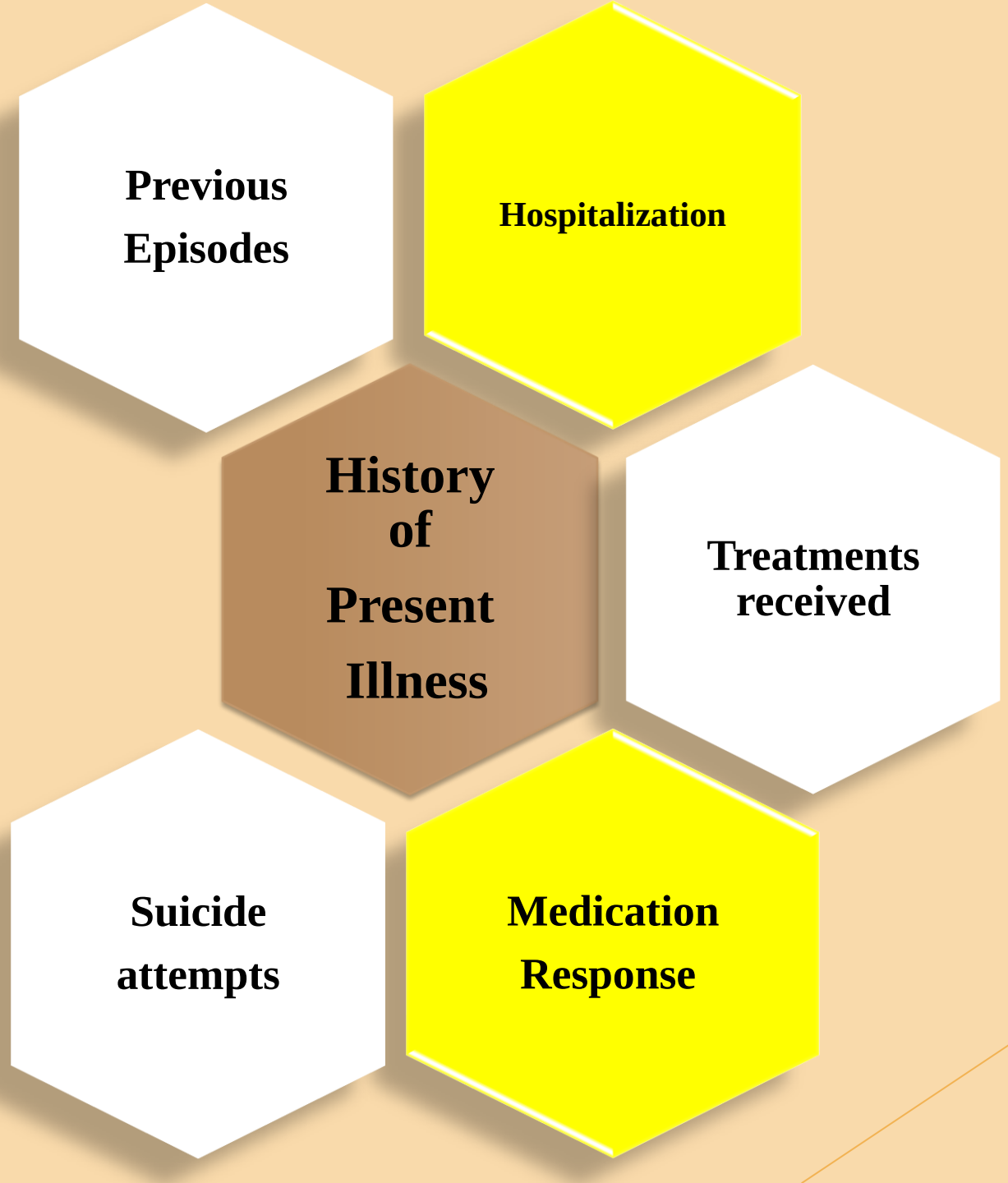


Goals of Psychiatric Interview

- Establish therapeutic alliance
- Gather diagnostic information
- Assess risk (suicide, violence, self-neglect)
- Develop treatment plan
- Build clinical formulation

Structure of Psychiatric Interview

- Identification data
- Chief complaint (CC)
- History of present illness (HPI)
- Past psychiatric history
- Medical history
- Substance use history
- Family history
- Personal & social history


Previous Episodes
Hospitalization
History of Present Illness
Treatments received
Suicide attempts
Medication Response

Medical & Substance History

- Neurological disorders
- Endocrine diseases
- Chronic medical illness
- Alcohol and drug use
- Medication history

Family, Social & Developmental History

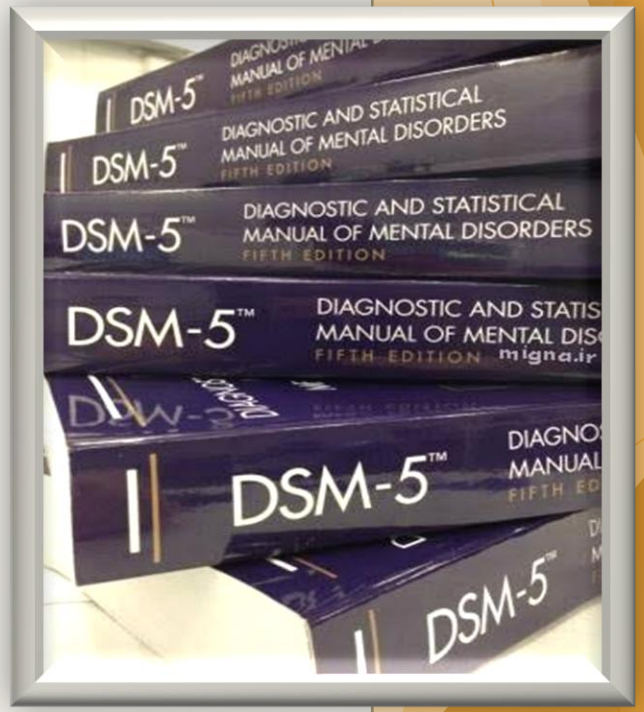
- Family psychiatric history
- Childhood development
- Education & occupation
- Marital status
- Social support

Mental Status Examination (MSE)

- Appearance & behavior
- Speech
- Mood & affect
- Thought process
- Thought content
- Perception
- Cognition
- Insight & judgment

Diagnostic Reasoning in Psychiatry

- Integrate clinical information
- Apply DSM-5-TR diagnostic criteria
- Consider differential diagnoses
- Rule out medical conditions
- Rule out substance-induced disorders
- Avoid premature diagnostic closure



Differential Diagnosis

- Differential Diagnosis
- Medical disorders presenting with psychiatric symptoms
- Substance- and medication-induced disorders
- Primary psychiatric disorders
- Comorbid psychiatric conditions
- Diagnostic hierarchy
- Reassessment throughout treatment

Risk Assessment

- Suicide risk
- Violence risk
- Self-neglect
- Protective factors
- Safety planning

Documentation in Psychiatric Interview

- Accurate and objective documentation
- Patient’s own words when appropriate
- Mental status findings
- Diagnostic impression
- Risk assessment
- Treatment recommendations

Summary

- Interview is the primary diagnostic tool
- MSE = psychiatric physical examination
- Diagnosis requires clinical reasoning
- Risk assessment is essential
- Communication shapes outcomes

Communication Skills

Communication Skills in Psychiatric Interview

- Core clinical skill in psychiatry
- Determines quality of diagnostic data
- Builds therapeutic alliance
- Reduces patient anxiety
- Improves treatment adherence

Therapeutic Alliance

- **Trust between patient and clinician**
- **Collaboration in treatment**
- **Agreement on goals**
- **Agreement on tasks**
- **Emotional bond**

Essential Communication Techniques

- **Active listening**
- **Open-ended questions**
- **Clarification & summarizing**
- **Reflection of feelings**
- **Empathy**

Active Listening

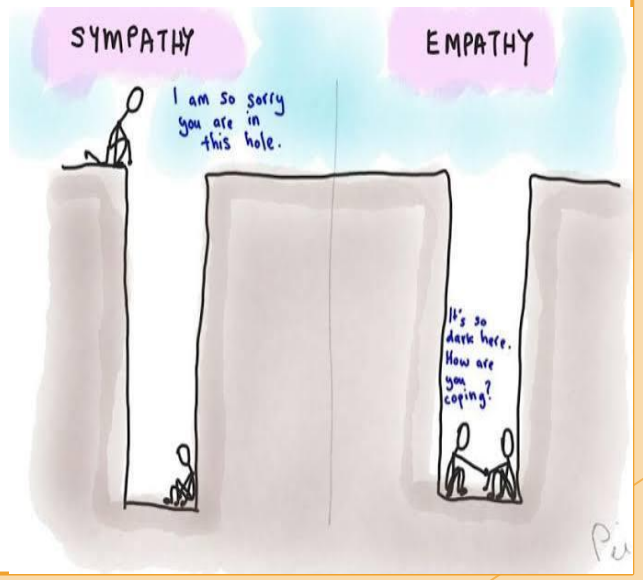
- Full attention to patient
- Minimal interruption
- Non-verbal communication
- Encouraging gestures
- Observation of affect

Question techniques

- **Open-ended: explore patient narrative**
- **Closed: specific diagnostic clarification**
- **Start with open-ended questions**
- **Use closed questions for detail confirmation**

Empathy and Non-verbal communication

- Understanding patient experience
- Not equal to sympathy
- Verbal and non-verbal expression
- Reduces stigma
- Enhances engagement



Common Communication Errors

- **Interrupting the patient**
- **Using medical jargon**
- **Judgmental attitude**
- **Lack of empathy**
- **Poor eye contact**

Managing Difficult Patients

- Agitated patients
- Suspicious patients
- Depressed patients
- Poor insight patients
- Non-cooperative patients

Key Messages

- Communication is a clinical tool
- Empathy improves diagnosis
- Therapeutic alliance improves outcomes
- Listening is more important than talking
- Psychiatry = science + communication


thank
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much