INTERVIEWING TECHNIQUES IN PSYCHIATRY

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PATIENT DOCTOR RELATIONSHIP

- THE CAPACITY TO DEVELOP AN EFFECTIVE RELATIONSHIP REQUIRES SOLID APPRECIATION OF THE COMPLEXITIES OF HUMAN BEHAIVIOUR AND A RIGOROUS EDUCATION IN TECHNIQUES OF TALKING AND LISTENING TO PEOPLE

RAPPORT

- RAPPORT IS THE SPONTANEOUS, CONSCIOUS FEELING OF HARMONIOUS RESPONSIVENESS THAT PROMOTES THE DEVELOPMENT OF A CONSTRUCTIVE THERAPEUTIC ALLIANCE.IT IMPLIES AN UNDERSTANDING AND TRUST BETWEEN DOCTOR AND PATIENT

STRATEGIES TO ESTABLISH RAPPORT

- 1)PUTTING PATIENT AND INTERVIEWERS AT EASE
- 2)FINDING PATIENT'S PAIN AND EXPRESSING COMPASSION
- 3)EVALUATING PATIENT'S INSIGHT
- 4)SHOWING EXPERTISE
- 5)ESTABLISHING AUTHORITY AS PHYSICIAN
- 6)BALANCING ROLE OF EMPATHIC LISTENER,EXPERT, AND AUTHORITY

EMPATHY

- WAY OF INCREASING RAPPORT
- IT CAN'T BE CREATED,IT CAN BE FOCUSSED AND DEEPENED THROUGH TRAINING,OBSERVATION AND SELF REFLECTION
- EMPATHIC PSYCHIATRIST MAY ANTICIPATE WHAT IS FELT BEFORE IT IS SPOKEN

TRANSFERENCE

- DEFINED AS THE SET OF EXPECTATIONS,BELIEFS AND EMOTIONAL RESPONSES THAT A PATIENT BRINGS TO THE PATIENT DOCTOR RELATIONSHIP

COUNTERTRANSFERENCE

- JUST AS PATIENTS HAVE EXPECTATIONS FOR PHYSICIAN,PHYSICIANS OFTEN HAVE UNCONSCIOUS AND UNSPOKEN EXPECTATIONS OF PATIENTS.PATIENTS ARE THOUGHT AS GOOD PATIENTS IF THEIR EXPRESSED SEVERITY OF SYMPTOMS CORRELATES WITH AN BIOLOGICAL DISORDER,IF THEY ARE COMPLIANT WITH TREATMENT,IF THEY ARE EMOTIONALLY CONTROLLED AND IF THEY ARE GRATEFUL

WHAT IF YOU DISLIKE A PATIENT?

- PHYSICIAN SHOULD RISE ABOVE SUCH EMOTIONS AND HANDLE A DIFFICULT PATIENT WITH EQUANIMITY,THE INTERPERSONAL RELATION MAY SHIFT FROM ONE OF MUTUAL OVERT ANTAGONISM TO ONE OF ATLEAST INCREASED ACCEPTANCE AND GRUDGING RESPECT. THE PATIENT NEEDS THE DOCTOR AND HOSTILITY ENSURES THAT THE NEEDED HELP WILL OCCUR IN A LESS EFFECTIVE CONTEXT.

SEXUALITY AND THE PHYSICIAN

- IF PHYSICIAN FEELS A STRONG ATTRACTION TO A PATIENT AND IS TEMPTED TO ACT ON THE ATTRRACTION,STEPPING BACK AND ASSESSING THE SITUATION ARE ESSENTIAL.IN SOME SPECIALITIES ESPECIALLY PSYCHIATRY ETHICAL AND LEGAL PROHIBITION IS IMPORTANT. THE DISSAPOINTMENTS IF REALIZED IN A ROMANTIC RELATIONSHIP BETWEEN THE DOCTOR AND PATIENT CAN BE DESTRUCTIVE

- ANOTHER ASPECT OF SEXUALITY AS IT PERTAINS TO COUNTERTRANSFERENCE ISSUES RELATED TO ASK ABOUT SEXUAL ISSUES AND OBTAINING A SEXUAL HISTORY

PHYSICIAN AS PATIENTS

- FOR A PHYSICIAN BEING A PATIENT MAY MEAN GIVING UP CONTROL,BECOMING DEPENDANT,AND APPEARING VULNERABLE AND FRIGHTENED,BEHAIVIOURS THAT MOST PATIENTS TRAINED TO SUPRESS.THEY MAY BE RELUCTANT TO BECOME WHAT THEY PERCEIVE AS BURDENS TO OVERWORKED COLLEAGUES,OR THEY MAY BE EMBARASSED TO ASK QUESTIONS FOR FEAR OF APPEARING INCOMPETENT

MODELS OF INTERACTION BETWEEN DOCTOR AND PATIENT

- PATERNALISTIC MODEL: IT IS ASSUMED THAT DOCTOR KNOWS BEST AND PATIENT IS EXPECTED TO COMPLY WITH IT
- INFORMATIVE MODEL: ALL AVAILABLE DATA ARE FREELY GIVEN BUT THE CHOICE IS LEFT WHOLLY UP TO PATIENT
- INTERPRETIVE MODEL: HERE THERE IS A SENSE OF SHARED DECISION MAKING AS THE DOCTOR PRESENTS AND DISCUSSES ALTERNATIVES WITH PATIENT'S PARTICIPATION TO FIND WHAT IS BEST FOR HIM
- DELIBERATIVE MODEL: DOCTOR ACTS AS A FRIEND.HE ACTUALLY ACTIVELY ADVOCATE A PARTICULAR COURSE OF ACTION

BIOPHYSICAL MODEL

- BIOLOGICAL SYSTEM EMPHASIZES THE ANATOMICAL,STRUCTURAL AND MOLECULAR SUBSTRATE OF DISEASE AND ITS EFFECT ON PATIENT'S BIOLOGICAL FUNCTIONING
- PSCYCHOLOGICAL SYSTEM EMPHASIZES THE EFFECTS OF PSYCHCODYNAMIC FACTORS,PERSONALITY ON EXPERIENCE OF ILLNESS
- SOCIAL SYSTEM EMPHASIZES SOCIAL INFLUENCES ON EXPRESSION OF DISEASE

ILLNESS BEHAIVIOUR

- DESCRIBES PATIENT'S REACTION TO THE EXPERIENCE OF BEING SICK
- AFFECTED BY PEOPLE'S PREVIOUS EXPERIENCES WITH ILLNESS AND BY CULTURAL BELIEFS ABOUT DISEASE

STYLES OF INTERVIEWING

- INSIGHT ORIENTED: INTERVIEWING ATTEMTS TO ELICIT UNCONSCIOUS CONFLICTS,ANXIETIES,AND DEFENCES
- SYMPTOM ORIENTED: EMPHASIZES CLASSIFICATION OF PATIENT'S COMPLAINTS AND DYSFUNCTIONS AS DEFINED BY SPECIFIC DIAGNOSTIC CATEGORIES.DIAGNOSIS CAN BE DEFINED BY ELICITING SYMPTOMS,COURSE OF ILLNESS,FAMILY HISTORY,DEVELOPMENTAL HISTORY ETC.

FUNCTIONS OF MEDICAL INTERVIEW

- DETERMINING THE NATURE OF THE PROBLEM
- DEVELOPING AND MAINTAINING A THERAPEUTIC RELATIONSHIP
- COMMUNICATING INFORMATION AND IMPLEMENTING A TREATMENT PLAN

BEGINNING THE INTERVIEW

- IT PROVIDES A POWERFUL FIRST IMPRESSION TO PATIENTS
- ONE SHOULD ESTABLISH A RAPPORT QUICKLY, PUT PATIENT AT EASE
- ONE SHOULD KNOW PATIENT'S NAME AND PATIENT SHOULD KNOW PHYSICIAN'S
- ONE SHOULD INTRODUCE THEMSELVES TO OTHER PEOPLE WHO HAVE COME WITH THE PATIENT AND SHOULD FIND OUT IF PATIENT WANTS ANOTHER PATIENT PRESENT DURING INTERVIEW
- START WITH LESS DIRECTIVE APPROACH LIKE

"where would you prefer to begin?"or "where shall we start?"

THE INTERVIEW PROPER

- HERE THE PHYSICIAN DISCOVERS IN DETAIL WHAT IS TROUBLING THE PATIENT
- CONTENT OF INTERVIEW: WHAT IS SAID BETWEEN THE DOCTOR AND PATIENT,TOPICS DISCUSSED,THE SUBJECTS MENTIONED
- PROCESS OF THE INTERVIEW: WHAT OCCURS NON VERBALLY INVOLVES FEELINGS AND REACTIONS THAT ARE UNACKNOWLEDGED OR UNCONSCIOUS

COMMON INTERVIEWING TECHNIQUES

- ESTABLISH RAPPORT
- DETERMINE CHIEF COMPLAINTS
- MAKE A PROVISIONAL DIFFERENTIAL DIAGNOSIS USING THE COMPLAINTS
- RULE OUT DIAGNOSIS POSSIBILITIES BY ASKING VARIOUS QUESTIONS
- FOLLOW UP ON VAGUE REPLIES WITH ENOUGH PERSISTENCE
- LET PATIENT TALK FREELY
- USE OPEN ENDED AND CLOSE ENDED QUESTIONS
- DON’T BE AFRAID TO ASK ABOUT TOPICS YOU MAY FIND EMBARASSED TO ASK
- ASK ABOUT SUICIDAL THOUGHTS
- GIVE A CHANCE TO PATIENTS TO ASK QUESTIONS
- CONCLUDE BY GIVING SOME CONFIDENCE AND HOPE

OPEN ENDED QUESTIONS?

- EXAMPLE:”CAN U TELL ME MORE ABOUT THAT?”
- THEY ARE HIGHLY GENUINE AND PRODUCES SPONTANEOUS FORMULATIONS
- CLOSED ENDED QUESTIONS?

  EXAMPLE:”HOW LONG HAVE YOU BEEN TAKING MEDICATIONS?”
- THEY ARE HIGHLY RELIABLE AND PRECISE

SPECIFIC TECHNIQUES :

- REFLECTION:DOCTOR REPEATS WHAT PATIENT HAS SAID TO ASSURE THE DOCTOR HAS UNDERSTOOD AND IS LISTENING WHAT PATIENT IS TRYING TO SAY
- FACILITATION:DOCTOR PROVIDES BOTH VERBAL AND NONVERBAL CUES (LIKE NODDING HEAD)TO ENCOURAGE PATIENTS TO TALK
- SILENCE:CONSTRUCTIVE AND ALLOWS PATIENT TO CONTEMPLATE,CRY,CREATE SUPPORTIVE ENVIRONMENT

OTHER SPECIFIC TECHNIQUES

- CONFRONTATION:TO POINT OUT TO A PATIENT SOMETHING TO WHICH THE DOCTOR THINKS THE PATIENT IS NOT PAYING ATTENTION,OR IN SOME WAY DENYING
- CLARIFICATION:DOCTORS ATTEMPT TO GET DETAILS FROM PATIENT ABOUT WHAT THEY HAVE ALREADY SAID
- INTERPRETATION:WHEN A DOCTOR STATES SOMETHING ABOUT A PATIENT'S BEHAIVIOUR OR THINKING OF WHICH THE PATIENT MAY NOT BE AWARE
- SUMMATION:BRIEFLY SUMMARIZING WHAT A PATIENT HAS SAID SO FAR

OTHER SPECIFIC TECHNIQUES

- EXPLANATION:ABOUT TREATMENT PLANS IN EASILY UNDERSTANDABLE LANGUAGE ALONG WITH ADVERSE EFFECTS
- TRANSITION:ALLOWS DOCTORS TO CONVEY THE IDEA THAT SUFFICIENT INFORMATION HAS BEEN OBTAINED ON ONE SUBJECT AND TO SWITCH TO ANOTHER
- SELF REVEALATION: IF HE THINKS THAT A PIECE OF INFORMATION WILL HELP PATIENT TO BE MORE COMFORTABLE THEN HE CAN SELF REVEAL.
- POSITIVE REINFORCEMENT: ALLOWS PATIENT TO TELL DOCTOR ANYTHING EVEN ABOUT NONCOMPLIANCE WITH TREATMENT

- REASSURANCE:TRUTHFUL REASSURANCE CAN LEAD TO INCREASE TRUST AND COMPLIANCE
- ADVICE:SHOULD BE EFFECTIVE AND TO BE PERCEIVED AS EMPATHIC.SHOULD BE GIVEN AT CORRECT TIME

ENDING THE INTERVIEW?

- GIVE CHANCE TO ASK QUESTIONS TO PATIENTS
- THANK PATIENT FOR SHARING THE NECESSARY INFORMATION
- PRESCRIPTION SHOULD BE SPELLED CLEARLY AND SIMPLY
- MAKE ANOTHER APPOINTMENT OR GIVE REFERRAL

SPECIFIC ISSUES

- FEES:OPENLY DISCUSS PAYMENT OF FEES.DISCUSS THESE ISSUES FROM BEGINNING OF RELATIONSHIP TO MINIMIZE MISUNDERSTANDING LATER.
- CONFIDENTIALITY:CAN BE BROKEN IN SOME SITUATIONS ONLY
- SUPERVISION:DOCTORS IN TRAINING HAS TO RECIVE SUPERVISION FROM EXPERIENCED PHYSICIAN

- MISSED APOINTMENTS: SOME DOCTORS ASK PATIENT TO INFORM 24HRS PREVIOUSLY TO AVOID BEING BILLED FOR MISSED SESSION.SOME DOCTORS BILL FOR MISSED SESSION REGARDLESS OF ADVANCED NOTIFICATION
- LENGTH OF SESSION: RANGE FROM 15 TO 45MINUTES.IF INPATIENT THEN AROUND 10MINUTES.TOO LENGTHY SESSION AVOIDED

INTERVIEWING TECHNIQUES WITH SPECIAL PATIENT POPULATION

1)PSYCHOTIC PATIENTS:

SHORT QUESTIONS ARE EASIER TO FOLLOW

2)THOUGHT DISORDERS:

LIKE THOUGHT BLOCK REPEAT THE QUESTIONS

3)HALLUCINATIONS:DESCRIBE IT PROPERLY AND IN WHAT CIRCUMSTANCES IT IS SEEN

4)SUSPICIOUS PATIENTS:MISINTERPRETS NEUTRAL EVENTS SO TRY TO MAINTAIN A FORMAL AND DISTANT APPROACH

5)DEPRESSED AND POTENTIALLY SUICIDAL PATIENTS:

REDIRECT THEIR FEELINGS AND REPEAT QUESTIONS MORE THAN ONCE.DETERMINE THEIR INTENT TO COMMIT SUICIDE,PLANS,MEANS,PERCEIVED CONSEQUENCES

6)AGITATED AND VIOLENT:CONDUCT IN QUIET ROOM AND TELL THEM TO HAND OVER THEIR WEAPONS.HIDE THE FEARS

7)SOMATIZING PATIENT:MAKE THEM FEEL THAT THEIR COMPLAINTS ARE NOT DISMISSED AND INCLUDE YOGA,MEDITATION,ACCUPUNCTURE

8)SEDUCTIVE PATIENT:IF MILD IGNORE.OTHERWISE MAKE THEM CLEAR THAT WHAT IS OFFERED WILL NOT BE ACCEPTED IN A WAY PRESERVING A GOOD RAPPORT

9)DEPENDANT PATIENTS:ESTABLISH LIMITS WHEN REASSURING THE PATIENT THAT HIS NEEDS ARE TAKEN SERIOUSLY AND TREATED PROFESSIONALLY

10)ISOLATED PATIENT:DOCTOR SHOULD TREAT THEM WITH RESPECT TO THEIR PRIVACY

11)OBSESSIVE PATIENT:EXPLAIN IN DETAIL WHAT IS GOING ON ALLOW PT. TO MAKE OWN CHOICE

QUALITIES OF THE PHYSICIAN

- IMPERTURBABILITY:MAINTAINING EXTREMA CALM AND STEADINESS
- PRESENCE OF MIND:SELF CONTROL IN EMERGENCIES
- CLEAR JUDGEMENT:ABILITY TO MAKE INFORMED OPINION
- ABLE TO ENDURE FRUSTATION
- CHARITY TOWARDS OTHERS
- SEARCH FOR ABSOLUTE TRUTH(INVESTIGATE FACTS AND PURSUE REALITY)
- BRAVERY:CAPACITY TO ENDURE EVENTS WITH COURAGE
- TENAICITY:PERSISTENT IN ATTAINING GOAL
- EQUANIMITY:HANDLE STRESS WITHOUT TEMPER,REMAIN UNDISTURBED

PSYCHIATRIC HISTORY

- IDENTIFICATION:NAME,AGE,MARITAL STATUS,SEX,OCCUPATION,LANGUAGE,RACE ,NATIONALITY,RELIGION,
- CHIEF COMPLAINTS:IN PATIENT'S OWN WORDS
- HISTORY OF PRESENT ILLNESS:CHRONOLOGICAL ORDER.ONSET,PRECIPITATING FACTORS,COURSE,ASSOCIATED DISTURBANCES
- PAST HISTORY:PSYCHIATRIC PROBLEMS,EXTENT OF INCAPACITY,TYPE OF TREATMENT,NAMES OF HOSPITAL,EFFECT OF TREATMENT
- FAMILY HISTORY:FAMILY'S EDUCTION LEVELS,ETHNIC AND REIGIOUS TRADITIONS,MEMBERS OF FAMILY,PATIENT'S ATTITUDE TOWARDS FAMILY MEMBERS.

- PERSONAL HISTORY:
- EARLY CHILHOOD:PRENATAL HISTORY,FEEDING HABITS,EARLY DEVELOPMENT, TOILET TRAINING,BEHAIVOURIAL PROBLEMS,PERSONALITY AS A CHILD
- MIDDLE CHILDHOOD:EARLY SCHOOL HISTORY
- LATER CHILDHOOD:PEER RELATIONSHIP,RELATION WITH TEACHER,COGNITIVE DEVELOPMENT,PSYCHOSEXUAL HISTORY
- ADULTHOOD:OCCUPATION,SOCIAL ACTIVITY,MARITAL ,SEXUAL PRACTICES
- ALWAYS ASK ABOUT PREMORBID PERSONALITY

MENTAL STATE EXAMINATION

- CLINICAL ASSESSMENT OF SUMTOTAL OF EXAMINER'S OBSERVATION AND IMPRESSION OF PSYCHIATRIC PATIENT DURING INTERVIEW
- INCLUDES::::
- 1)APPEARANCE
- 2)BEHAIVIOUR AND PSYCHOMOTOR ACTIVITY
- 3)SPEECH
- 4)MOOD
- 5)THINKING
- 6)PERCEPTION
- 7)SENSORIUM
- 8)INSIGHT
- 9)JUDGEMENT

- APPEARANCE:REFLECTED BY POSTURE,POISE,CLOTHES,GROOMING,HAIR, NAILS
- ATTITUDE TOWARDS EXAMINER:WHETHER COOPERATIVE,FRIENDLY,ATTENTIVE,SEDUCTIVE,DEFENSIVE,HOSTILE,PLAYFUL ETC.
- BEHAIVIOUR AND PSYCHOMOTOR ACTIVITY:GAIT,MANNERISM,TICS,GESTURES, TWITCH,CLUMSY,AGITATED,FLEXIBILITY,RIGIDITY

- SPEECH:RAPID,SLOW,HESITANT, MONOTONOUS,SLURRED,INTENSITY,PITCH, PRODUCTIVITY,MANNER,REACTION TIME,RELEVANT,COHERENT
- MOOD:IT IS A PERVASIVE AND SUSTAINED EMOTION THAT COLOURS THE PATIENT'S PERCEPTION OF THE WORLD.DESCRIBE IT AS DEPRESSED,IRRITABLE,ANGRY,GUILTY, HOPELESS,FRIGHTENED.INCLUDE INTENSITY,DURATION AND FLUCTUATION
- AFFECT:PATIENT'S PRESENT EMOTIONAL RESPONSIVENESS,INFERRED FROM PATIENTS FACIAL EXPRESSION,TONE OF HANDS AND BODY MOVEMENTS.IT CAN BE WITHIN NORMAL RANGE OR CONSTRICTED,BLUNT,FLAT

- # THOUGHT:

FORMAL THOUGHT DISORDERS:

CIRCUMSTANTIALITY:OVERINCLUSION OF IRRELEVANT DETAILS THAT IMPEDE COMING TO A POINT

CLANG ASSOCIATION:THOUGHT ARE ASSOCIATED WITH SOUND OF WORDS RATHER THAN MEANING

DERAILMENT:SENTENCES DONOT MAKE SENSE

FLIGHT OF IDEAS:SUCCESION OF MULTIPLE ASSOCIATIONS EXPRESSED THROUGH RAPID PRESSURED SPEECH

NEOLOGISM:INVENTION OF NEW WORDS OR PHRASES

TANGENTIALITY:PT. HAS DIVERGENT THOUGHTS AND NEVER GETS BACK TO ORIGINAL POINT

THOUGHT BLOCKING :BREAK IN FLOW OF IDEAS

- PERCEPTION DISTURBANCES:HALLUCINATION AND ILLUSION,DEPERSONALISATION, DEREALIZATION,DREAMS,FANTASIES
- SENSORIUM:

ALERTNESS:AWARE OF ENVIRONMENT,ATTENTION SPAN,CLOUDING OF CONSCIOUSNESS

ORIENTATION

MEMORY: IMMEDIATE,RECENT,REMOTE MEMORY SHOULD BE CHECKED

ABSTRACT THINKING

INTELLIGENCE:EASY PROBLEMS

INSIGHT:DEGREE OF PERSONAL AWARENESS AND UNDERSTANDING THE ILLNESS

SIX LEVELS:

1)COMPLETE DENIAL

2)SLIGHT AWARE THAT HE IS SICK BUT DENY HELP

3)AWARE HE IS SICK BUT BLAMING ON OTHER OR EXTERNAL FACTORS

4)AWARE THAT HE IS SICK DUE TO SOME THING UNKNOWN

5)INTELLECTUAL INSIGHT

6)TRUE EMOTIONAL INSIGHT

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THANK

YOU

HAVE A NICE DAY