ID: age race gender, cocktail knowledge demographic
CC: what patient says
HPI: Circumstances:
Stressors:

Mood Down:	Mood Up:
S I G E C A P SI/HI (or aggression)	Distractibility Impulsiveness Grandiose Flight of Ideas Activity increase Sleep deficit Talkativeness

Psychosis: AVH, delusions, paranoia,	Anxiety: panic d/o, phobia, OCD, PTSD, GAD

Confusion	Personality: Cutting, pattern of SI, legal, binging, purging

Psyc PMH:
1. Hospitalizations, therapists
2. Meds (worked? Side effects? Length to time? noncompliance?)
3. SA attempts (method)
4. Dx (MDD? PTSD?)

FH: SA, Substance abuse, diagnosis

Medial Hx:
Obstructive Sleep Apnea
Previous episodes (Traumatic Brain Injury), Headaches, Seizures, stroke, thyroid, cardiac, autoimmune)
Allergies
Non Psych Medications
Hospitalizations
Illnesses
Trauma
Surgery
OBGYN

Social H
1. School
2. Spiritual heritage/ current beliefs
3. Marital/relationship history
4. Interests
5. Work Hx
6. Military
7. Abuse (sexual/physical), Domestic Violence
8. Legal issues

Dev H
1. In Utero
2. Family dynamics

Substances (when started, length of use, route, longest time sober, heaviest use, every day or binge? last use)
1. Alcohol
2. Smoking
3. Drugs (prescription abuse, non prescription abuse)

Vitals
Physical Exam
MSE (have it paint a picture I can create in my imagination, a paragraph of your observations!)
Appearance, Interaction, Eye Contact, Psychomotor, Musculoskeletal, Speech, Mood, Affect, Thought Content, Thought process, Associations, Orientation, Memory, General Knowledge, Intellectual function
Pertinent Labs: UDS? Thyroid? ETOH? Ect…
Radiology: CT/MRI?

A/P

Dx Formulation
I (MDD rec, sev with psychotic fx, GAD, PTSD)
II (personality issues: “cluster B traits” “none”)
III (Medical illnesses)
IV (psychosocial stressors)
V GAF (30 for impatient, 40 for partial)

The Psychiatric Interview Basics:
David Puder, MD
PsychiatryPsychotherapyPodcast.com

How to connect with your client:
The interview is not just about gathering information, but also about establishing a **therapeutic alliance** which can be done by: 1) understanding what the patient is trying to tell you 2) empathic reflecting 3) being curious about their lives and how they got to their current state 4) seeking out their goals and what they want to accomplish.

1) Understanding what the patient is trying to communicate to you
    i. Take in both the words they say and their non-verbals. Try your best to take brief notes and **watch them 90% of the time**. Watch for expressions of shame (eyes down, sad look on face), anger (eyebrows down and together), fear (eyebrows up and together and mouth stretches apart) and sadness (eyebrows up and mouth downturned).

2) Empathic Reflecting:
    i. Once you know how to listen to their affects, let them know you do by mirroring it back to them, so they know they are heard. Use their own words when possible.
        1. Shame: "I imagine this would be difficult to talk about."
        2. Anger: "that was **frustrating** for you."
        3. Fear: "that caused **concern** for you."
        4. Sadness: "that seem to cause some sadness." "I hear that this has been a tough time and you feel down."
        5. Happy: "that must have been a joyful time."
        6. Smug: "you must be proud of your son."
3) Try to understand it from THEIR perspective and how in a way where they are has been adaptive
    i. All things someone does are adaptive in some way. Sleeping all day in their bed allows them to not interact with a scary world. Cutting their wrists may help them move away from strong emotional pain. If you can't figure out why something is adaptive, be curious.
4) Ask questions to find their goals, dreams, aspirations, hopes, drives.
    i. Motivational interviewing's premise is that we all have the motivation towards something.
    ii. In the process of interviewing someone, you want to know what they want from treatment. They are coming at this point for a reason and we want to empower that reason. It starts with connecting, but it ends with moving them towards their goals.

Common issues with interviewing:

- If patient is agitated, psychotic, or uncooperative with assessment, or history is different then other places stated, get collateral (you need the patient's written permission).

Getting the content:

Box 1: The Psych Box
ID: This is the identifying information of the patient (age, marital status, etc.).
CC: This is exactly what the patient says for the reason why they came in. Why now?

HPI: The HPI is history of the presenting problem in a chronologically organized history of the recent exacerbations and remissions and the current symptoms and syndromes. This should read like a story, however have some key things, best organized in a systematic fashion. Both the positives and negatives should be identified. Along with the six mini boxes, also temporal factors affecting the clinical course should be put into the HPI. If drug or social history or medical illness directly influences the ongoing symptoms and need to be placed inside the timeline, then they should be put into the story.

1. Circumstances that brought the patient in, such as how did the patient arrive to the hospital, if the patient is on a hold or voluntary.
2. Stressors: the reason they came in now. If for example they have been suicidal for 2 months, and they walk into the hospital now on their own, the question is **why now**.
3. Six Core Symptom Types: The six core symptom clusters are mood up (SIGECAPS/HI aggression), mood down (DIGFAST), psychosis, anxiety disorders, cognition, and personality issues, of which both positive and negative symptoms should be documented.

Psychiatric History: This is an essential part that allows you to make decisions by looking at what has been tried in the past.

1) Age of onset: "How old were you when you first had these symptoms?"
   a) You really want to learn the age of onset, premorbid functioning and history of subsequent episodes up to the present. schizophrenia (21 men, 27 women), MDD (25), bipolar (19), panic disorder (24), OCD (23), drug dep (18), alcohol dep (21).
2) Frequency: "How many have you had?"
   a) For more detail ask about severity, duration of episodes, whether they corresponded with a hospitalization.
3) "When was the last episode?"
4) "What sort of treatment have you had in the past? What was most helpful? (Perhaps getting rid of a bad boyfriend.)
   i) "Have you been hospitalized in a psychiatric ward?" (If they have been hospitalized many times get the age of first hospitalization, total number of times, and last time hospitalized.)
      (a) "In general what sort of things were you hospitalized for?"
   ii) "Have you taken any medications before for these symptoms or other psychiatric issues? (You really want to know about how long they took it, did it help, why they stopped it, having a PDR with pictures is helpful.)
      (a) "How many weeks did you take it?"
      (b) "Sometimes patients do not necessarily take their medications every day, but will take them every so often, depending on how they feel, was this the case for you?" (Normalize it and they will be more honest.)
      (c) Patients who have had augmentation of medication will poorly remember what they were on. I often provide my patients a list of the most common medications. "Have you taken Zoloft, Prozac, Paxil, Effexor, Cymbalta, Abilify, Risperdal, lithium or Depakote?"
   iii) "Have you ever had psychotherapy or a psychiatrist?"
      (1) How often did you see your therapist/psychiatrist?
      (2) How long did you see him/her?
      (3) How did you leave treatment?
      (4) What did you think of them? (I am always curious about this one- we learn a lot about the patient from how they interacted with past mental health workers.)
         (a) Patient: "I was so angry at Dr. ____, He kept telling me to do things I did not want to do."
         (b) Me: "Did you ever tell him about your frustration?"
         (c) Patient: "No way! He is a doctor and was so full of himself."
         (d) Me: "I can understand why it would be hard to tell him when you were unhappy with your treatment. I want you to know that if you are frustrated at your treatment here, I would like to know so we can change it to something that works for you."

Family Psychiatric History:

1) "Has any blood relative ever had nervousness, nervous breakdown, depression, mania, psychosis or schizophrenia, alcohol or drug abuse, suicide attempts, or been in a psychiatric hospital?"
    i) You may need ask it slowly with pauses allowing for them to elaborate.
    ii) If they say yes, then it is helpful to form a clear diagnosis by asking for treatment (for example if she was on lithium or an antipsychotic.)

DMS Disorder	Lifetime relative risk if first-degree relative has disorder	Lifetime prevalence in general population
Bipolar	25	1
Schizophrenia	19	1
Bulimia nervosa	10	2
Panic disorder	10	4
Alcoholism	7	15
GAD	6	5
Anorexia nervosa	5	1
Specific phobia	3	11
Social phobia	3	13
Somatization disorder	3	2
MDD	3	17
OCD	?	3
Agoraphobia	3	5

Box 2

Medical History:

- TBI can cause all sorts of executive function issues, anger, and impulsivity! Therefore ask if they have ever had a time where they were hit in the head and passed out, how long were they passed out, did they recognize any changes after the injury…
- Many other medical issues cause psychiatric issues. Also medications can cause psychiatric issues (especially steroids)! Getting a full history, as in any other rotation, is important!
- OSA "If you snore at night, has anyone ever observed you stopping breathing?"

Box 3

Social History: get to know the person, understand their patterns of coping and form diagnosis of personality disorders…

- School (What is their furthest level of education?)
- Spiritual heritage/ current beliefs (What religious background where you raised in? Did you continue in those beliefs or develop a different pathway?)
- Marital/relationship history (Are you currently married or have you been married in the past? How many times? Are you dating? Have you recently broken up with anyone?)
- Interests (What kind of things do you do for fun?)
- Work Hx (Are you currently employed? What was your last job? What other things have you done in the past?)
- Military (Were you ever in the military? How long? What branch? Why did you leave?)
- Abuse (sexual/physical), domestic violence (Growing up were you ever abused physically, verbally or sexually? In your current relationship is there any verbal fighting? Does it ever get physical?)
- Legal issues (Have you ever spent any time in jail or a prison?)
- What does your dad do for a living?
- What does your mom do for a living?
- What do your siblings do for a living?

Developmental History

- In utero (Do you know if your mother was using any drugs or alcohol while you were in her womb?)

- Family dynamics (What was it like growing up in your home? How did you connect with you mom/dad? How were you disciplined?)

Box 4

Drugs/Alcohol/Smoking

- Have you ever smoked tobacco products? How many per day and for how many years?
- When was your last sip of alcohol? How much do you normally drink per day? How often?
- Have you ever experimented with any drugs including marijuana?
- For adolescents: (Do any of your friends use drugs or alcohol? Have you ever been in the car when someone is using?)

	Never used:	Age 1st used:	Last used on this approx date:	Age peak use:	Hx abuse?	Current use and frequency:
Cocaine						
Amphetamine/Speed						
Marijuana/THC						
Diet Pills						
Hallucinogens (LSD, Mushrooms, Mescaline)						
Ecstasy						
Diuretics						
Tranquilizers						
Pain Pills						
Inhalants						
Sleeping Pills						
Laxatives						
Cigarettes, cigars or tobacco						
PCP or Angel Dust						
IV Drug use						
Heroin						
GHB						
Anabolic Steroids						
Caffeine (coffee, tea, cola's, energy drinks)						
Benzodiazepines (xanax, valium, ativan, Restoril, Librium)						
Other:						