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**Child Psychiatry Essentials:
Interview Guide to a New Assessment and
Follow-Up Visit**

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**This is a “work in progress”, and is undergoing continual revision based on feedback from others. Please give your feedback!**

**Target Audience:** This interview guide is to orient trainees about sample questions to ask during a new (psychiatric) assessment seeing children/youth.

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General Principles

## Start Open-Ended

In general, each section starts off open-ended with screening questions. If the open-ended screens are positive, then you will follow-up with more detailed closed questions for any missing information. If the initial screens are negative, then there is no need to follow-up with all the closed ended questions…

## It's a conversation, not a checklist

Remember that although this is a list of questions, the interview is meant to flow as a conversation. Do not simply ask it like a checklist of questions, as that will destroy your alliance!

## Who do we interview

**Meet together**

In general, we both start and end the interview with everyone together. This sends the meta-message that everyone is involved.

**Meeting separately**

After meeting with everyone together, we then separate to meet with either the child/youth first, or the parents first.

**Meeting separately with each parent**

If the parents have marked disagreements or hostility, we may also meet separately with each parent.

Whenever we first meet alone with someone, we may start open ended by asking, “Now that we are alone, is there anything that you wanted to say that you didn’t say earlier when we were all together?”

**Exceptions to meeting together:**

In some cases, we do not start with everyone together, but we meet first with the youth. Reasons might include:

* When the child/youth is really opposed to being at the assessment (e.g. presenting with externalizing symptoms)
* Significant child/youth conflict with parent. When there is so much conflict that both child/parent argue with each other, it is more helpful to separate them.
* When the parent has predominantly negative things to say about the child, and it is not helpful for the child to hear all these negatives.

In these cases, we meet first with the child/youth. We can then focus more carefully on building an alliance with the youth.

***JOINT INTERVIEW***

When meeting with everyone, we do whatever parts of the history can be done with everyone in the room.

However, depending on the specific situation, there might be sensitive topics that we leave out until we meet individually…

***INDIVIDUAL INTERVIEW WITH PARENTS***

When meeting with parents alone, we start by asking: “Now that we are alone, anything you wanted to say that you didn’t feel comfortable saying earlier?”

Topics to cover when alone are generally sensitive topics such as:

* Family Psychiatric History
* Substance use history
* Parent’s personal history of relationships, trauma, etc.

***INDIVIDUAL INTERVIEW WITH CHILD***

When meeting with patient/youth alone, we start by asking: “Now that we are alone, anything you wanted to say that you didn’t feel comfortable saying earlier?”

 Topics to cover when alone are generally sensitive topics such as:

* Abuse/neglect
* Substance use history
* Self-harm

# Part 1: New Assessment Guide

### Introductions

|  |  |
| --- | --- |
| ***(Out in Waiting Area)*** | Hello! Welcome to our Clinic. I’m (e.g. Jennifer Smith), and I’m a medical student working with (e.g. Dr. Cheng)…  |
| ***(In the Office)*** | **(For the outpatient Mood/Anxiety Clinic**Welcome to the Mood/Anxiety Clinic. We help people when they are having troubles with how they feel, or when they are having troubles with stresses. We’re going to talk for an hour or so about what brings you here, and about what you’d like to see different. We’ll start by talking all together, and we may also spend some time alone with just you, or just your mother/father.Any questions about what we’re going to do today? |

**Identifying Data**

|  |  |  |
| --- | --- | --- |
| * \_\_\_ is a \_\_-year old living with his/her:
* Mother
* Father
* Etc.
* Pet(s):
 | ***To child/youth:****“Before we get started, I’d like to ask some background questions…**First, how do you like to be called?**How old are you?**Who do you live with?**Anyone else living at home?*Ask names of other people living at home | We start with easy background questions because its easier to answer these than to dive into difficult HPI questions *Asking the child about other family member’s key demographic information also gives you information about level of engagement*  |
|  | If siblings, then ask about names, ages, school, grade  |  |
|  | ***To parent(s):*** *For each parent, ask about employment, e.g. “What sort of work do you do?” or “How do you support the family?”*  |  |
|  | *Pets: any pets? What are their names?* *If dog, consider asking, “What breed is your dog?”* | Most people love their pets, so asking about pets is a nice way to inject positive energy into the interaction |
|  | *School:* *What school do you go to?* *What grade is s/he in?* *For parents:* *Does s/he get extra help in any subjects?**Does s/he have an IEP?*  | Do not simply ask, “How’s school?” because if school is not going well then it gets complicatedTypes of special education (from Ottawa Carleton District School Board):* Regular class with indirect support
* Regular class with resource assistance
* Regular class with withdrawal assistance
* Special education class with partial integration
* Special education class full-time

IEP (individualized education plan) = for students who need extra support/accommodations in classIPRC (identification, placement and review committee) = meeting where an IEP is put in place;  |
| * Languages
 | What languages are spoken at home? |  |
|  | ***If parents are separated****How often do you see your [non-custodial parent]*  |  |

## Current Resources

|  |  |  |
| --- | --- | --- |
| * Family physician?
* Others?
* Waiting lists?
 | *Any doctors or professionals that you see now?**If yes, ask “Since when?”, “How often?”* *Any other psychiatrists / psychologists?**Any counselors, social workers?* *Anybody at the school who is involved?**Are you on a waiting list for any services?* |  |
| * Extracurricular
 | *Any extracurricular activities such as* * *Sports*
* *Artistic (e.g. music, art)*

*Any particular hobbies or interests?*  |  |
| * Religion/spirituality
 | *Do you have any particular religious or spiritual beliefs? Are you part of any organized religion? Is there some way that you’d like this addressed in your care?*  |  |

## Reason for Referral

|  |  |  |
| --- | --- | --- |
| * Referred by \_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_
 | *You’re here (at our clinic) because your doctor felt it would be helpful to come here.(or say specifically, “Dr \_\_\_ referred you here due to problems with \_\_\_.”*  | This is just a comment not a question – it sets it up for the next questions which will be goal focused….  |

**Goal**

|  |  |  |
| --- | --- | --- |
| * **Short-term (Child or Youth’s Goals)**
 | ***Starting with the youth, and then asking the parent’s afterwards:*** *People come here for different reasons. Some people come here because they would like to feel better, e.g. more happy, less anxious. Or some might want help dealing with stress at home, school (or work).**Solution-focused: “We’ll get more details later, but right now, its helpful for us to get a brief list of top things that you’d like to see different. So -- What would you like to get from coming here that would make this helpful?”* | Asking about goals early on will inject positive energy into the encounter Note how this is quite different from problem-focused questions such as “What (problem) brings you here?” Before you ask about goals though, give a little introduction about common types of goals, including specific examples of usual goals. Customize those examples based on what you believe the patient’s likely goals to be.  |
| * **Short-term (Parent’s goals)**
 | *After the youth has had a chance to speak, then ask the parents**“So if we could make this a helpful visit for you, what would be your top 3 list of things that you’d like to see different or better?”*  | If they start going into too much detail, then re-direct them by validating what they are saying, and then say we will go into more detail later  |
| * **Long-term future goals**
 | *In the future, when you’re grown up, what do you hope for in the future?* *If child is unsure, you can say, “Well, right now you live with your parents – do you plan to live the rest of your life with them?”**Where do you hope to live?**What do you hope to do?**What is it that makes you want to do that?*  | Future goals are important because the therapeutic alliance is based on knowing what people’s goals are, whether short-term or log-term  |

## History of Presenting Problems

* Baseline

|  |  |  |
| --- | --- | --- |
| * Problems since \_\_\_\_
 | *When did the problems with (chief complaint) start? (for acute problems), or* *What did the problems with (chief complaint) get worse? (for chronic problems), or* *When were you last well?, or* *I’ll assume that you’re here now because things are more stressful. I’ll assume that there must have been a time before when things were better – when was that time?*  | The baseline is how things were **before** the problems started, or before the problems got worse. It is good to start the interview by talking about the baseline (i.e. when things were going well) because that injects positive energy and hope into the interaction, as opposed to starting to talk about the problems right away. |
| * Prior to that point, s/he was described as being…
 | ***Before*** *the problems with \_\_\_ started, what were things like?* | Specifically, we want to know how things were with the main symptoms/goals before things got worse…  |
| * Prior to current problems, mood was generally…
 | *If we had a scale for your mood between 0 and 10 where 0 is the worst and 10 is the best, where was your mood then, when things were well?**What words would you use to describe that number? (e.g. sad, depressed, happy, angry, neutral, etc.)**If we had a scale for your mood between 0 and 10 where 0 is the worst and 10 is the best, where was your mood then, when things were well?* |  |

|  |  |  |
| --- | --- | --- |
| * Onset of Problem and Course until Present
 | *So I hear that when you are your regular self, you are feeling (paraphrase positives from what the patient/family gave you.)**And then things started to get worse around \_\_\_\_.*  |  |
|  | ***Tell us what happened from then up until now.***  | **Scouting Phase – After you ask your this open-ended question, ideally you should be able to let the parent/child talk for at least a few minutes, in order to get a good history…** **If they get off topic, then gently re-direct**  |
|  | *What happened next?* | Get a step by step history  |
|  | *“You mentioned that \_\_\_\_”**“You given me a good idea about. Now let’s talk about \_\_\_”**“In addition to \_\_\_, any problems with \_\_\_\_?”* | Transition statements |

* Stressors

|  |  |  |
| --- | --- | --- |
| * Index (original stressors that may have triggered current episode)
 |  | Stresses are important – whether or not stresses caused the current issue, having stresses contributes to the problems |
|  | Everybody has stresses, or things that bug them. The usual ones are family (like parents or brothers, sisters), school and friends.  | Normalizing statement  |
|  | Around that time when things were getting worse, any particular stresses or things that may have triggered things to get worse?, or What stresses were you under at that time?  |  |
|  | What was the worst thing about (stress)?What do you wish could have been different? | For each stressor, ask these questions  |
| * Current stressors
 | What are your biggest stresses right now?POSSIBLE QUESTIONS FOR EACH STRESSOR:What is the most stressful thing about (stress)? |  |

|  |  |  |
| --- | --- | --- |
| * Bullying
 | How many people are involved? What do they say/do? What’s been done about this to date?  | Ask about forms of aggression * Verbal; physical; emotional; social, etc…
 |

* Depressive Review of Symptoms

|  |  |  |
| --- | --- | --- |
| * Mood:
 | How is your mood normally? Any problems with your mood? If there was a scale between 0 and 10, where 10 is the best mood, and 0 is the worst mood, where is your mood normally? | Because many people often just say their mood is “fine”, it can be challenging to elicit more details about their mood – using a number scale makes it just a bit more objective  |
| * Anger:
 | As anger is an externalizing symptom, start with asking parents, “Does he have any problems with his anger?”“How often?” “How bad does it get?” Any problems feeling irritable or angry? |  |
| * Frustration tolerance:
 | Any troubles with a short fuse? Any problems with getting frustrated easily? |  |
| * Flexibility with change/adaptability:
 | Any troubles when things don’t turn out how you expected? |  |
| * (Triggers/stresses that trigger that anger, if not already discussed)
 | What things bring on the anger? |  |

* Bipolar review of symptoms

|  |  |  |
| --- | --- | --- |
| * Activated phases
 | Any periods of increased energy? Tell me more… How long did this periods last for? | Bipolar is affect dysregulation **plus** circadian rhythm disturbanceAll that rages is not bipolar, i.e. many conditions can have affect dysregulation , such as ADHD, sensory processing problems, trauma, fetal alcohol, etc…  |
|  | During those periods of increased energy, did you notice any of the following:* Increased impulsivity
* Increased activities, e.g. spending more money; more interest in sex
* Pressured speech
 |  |

* Anxiety review of symptoms

|  |  |  |
| --- | --- | --- |
| * Generalized anxiety:
 | To parents 🡪 Is your child a worrier? To patient 🡪 Are you a worrier? Would other people say that you’re a worrier?Somatic symptoms: do you ever worry so much that you feel your worry in your body, e.g. stomach / chest?  |  |
| * Separation anxiety
 | To parent: When \_\_ was younger, did s/he have any troubles separating from you (i.e. parents/caregivers)? E.g. with daycare? With school?  |  |
| * Main worries:
 | Everyone has worries. What are your biggest worries? What is it about \_\_\_ that worries you? What’s the worst thing about \_\_\_? (Note that this might simply yield same answers as asking about stressors)  |  |
| * Situational anxiety:
 | Are there any situations that make you so worried you have to avoid them? |  |
| * Phobias
 | Many people have phobias, like a fear of spiders, heights, the dark… Any fears like that? (For severity) 🡪 Do these fears stop you from doing any things?  |  |
| * Social anxiety:
 | Some people are very shy. Are you a shy person? How shy are you? Any problems from being shy? Does your shyness stop you from doing any things? (e.g. public speaking? Calling people? Ordering in a restaurant? Talking in class?)  |  |
|  | Any troubles with scarves / turtlenecks? | Biologic marker for social anxiety |
| * Panic attacks:
 | Ever have times when all of a sudden, out of the blue, you get really anxious? Tell me about the worst time, from start to finish. |  |
| * OCD
 | To parents 🡪 Does he have any habits / rituals? |  |
| * Obsessions:
 | For older youth 🡪 Do you get any troubling thoughts over and over again, that you can’t get off your mind?, **or** Any things that you just can’t get off your mind? [Examples of symptom categories are… 1) symmetry: symmetry obsessions and repeating, ordering, and counting compulsions; 2) forbidden thoughts: aggression, sexual, religious, and somatic obsessions and checking compulsions, 3) cleaning: cleaning and contamination, 4) hoarding: hoarding obsessions and compulsions.] |  |
| * Compulsions:
 | Any habits or things that you have to do over and over again? E.g. washing your hands over and over again  |  |
| * Perfectionism:
 | Are you a perfectionist? Do you ever need to spend time doing things so its just right?Any things that you just have to do a certain way?  |  |
| * (Ego-syntonic or dystonic?)
 | Are you happy with \_\_\_ being that way? What would it be like if you didn’t have to be that way? Do you wish it could be different? |  |
| * Post-traumatic stress disorder (PTSD)
 | What’s the scariest or worst thing that’s ever happened in your life? Does what happened in your past ever get in the way of things now? Do you ever see or hear flashbacks of what happened in the past?  |  |

* Neurovegetative symptoms

|  |  |  |
| --- | --- | --- |
| * Sleep
 | **Any** problems with your sleep?If there are problems* Since when?
* (See Sleep Disorders screen for more detailed sleep questions – you could ask about those now or in the medical ROS section)

What keeps you from sleeping? What time do you go to sleep at ?What time do you wake up at? | Notice that these questions start off CLOSED ended rather than OPEN ended – in my experience, starting off OPEN ended leads to answers that take too much time In a busy practice, using CLOSED ended questions here as an initial screen is more efficientOn the other hand, if your index of suspicion is high and you have the time, you could start instead with “How is your \_\_\_?” |
| * Energy
 | **Any** problems with your energy? Since when? Does this low energy stop you from doing things you want to do?(Consider using a scale 0-10 to quantify energy)  |  |
| * Concentration
 | **Any** problems with your concentration? Since when?(With ADHD/ADD, ask, “Any recent changes with your concentration?”)  | Note that in people with ADHD, because they have had such a long lifelong history of low concentration, they are often unaware that their concentration is impaired.  |
| * Appetite
 | Any change in your appetite? Since when? |  |
| * Weight changes
 | Keeping into account that s/he is growing, any change in weight other than expected weight gain? Do clothes feel any tighter or looser? How much? Since when? |  |

* Eating disorder review of symptoms
* Autistic spectrum / non-verbal LD symptoms

|  |  |  |
| --- | --- | --- |
| * Theory of mind, zero order:
 | Ask Parents: Does s/he have any troubles recognizing or expressing his/her thoughts or feelings? | Theory of the mind is a core feature (though not DSM-IV feature) of autism |
| * Theory of mind, first order:
 | Ask Parents: Any troubles with empathy? Does s/he ever seem to be oblivious or unaware of how other people might think or feel in a situation? Is he able to see things from other people’s perspectives?Ask child/youth: You can also ask the child on their experience of other people, and the theme will be that the child perceives others as being mean or hostile, and not understanding why  | Theory of mind is the ability to know what others are thinking, aka mentalizing or perspective taking. Most autistic symptoms especially social skills issues can be understood by the fact that the child cannot see other’s perspective.  |
| * Non-verbal communication
 | Any troubles understanding other people’s tone of voice / gestures / facial expressions? Any troubles using tone of voice / gestures / facial expressions to communicate? Any troubles with sarcasm? Any troubles getting jokes?  |  |
| * Impairments in social interaction
 | Does the child use eye contact, gestures and other non-verbal communication to interact socially?Does the child direct others’ attention to things that interest him/her and share sense of enjoyment?Does the child interact with peers in the expected way for someone at that developmental stage?Does the child understand the ‘unwritten rules’ or the ‘give and take’ of social relationships? |  |
| * Impairments in communication
 | Any delayed speech? Any difficulties compensating non-verbally (e.g. pointing)?Any stereotyped or repetitive ues of language?Troubles with conversation skills?Lack of spontaneous ‘make-believe’ play? |  |
| * Repetitive interests and behaviors
 | Any particular interests that are intense or unusual? Is he into the interest so much that it causes problems? Turn other kids off?Any non-functional routines and rituals?Any preoccupation with parts of objects?Any stereotyped motor behaviors (hand and finger mannerisms, postures, or other unusual movements)? |  |

* Sensory processing symptoms: screen for 1) hypersensitivity, or sensory avoidant behaviors, or 2) hyposensitivity or sensory seeking behaviors in the various senses

External senses:

|  |  |  |
| --- | --- | --- |
|  | Introduction “We’re going to ask some questions about your senses – things like hearing, touch, taste…” | Sensory processing problems can be seen on their own, or associated with many conditions such as autistic spectrum, ADHD, learning disorders, etc… |
| * Sight/vision:
 | Any problems with your eyes? For example, do you have sensitive eyes?Any problems with reading? Any problems with bright lights? Fluorescent lights?Does s/he have to tilt his/her head? [to see better]Troubles catching a ball? Does s/he flick his/her fingers near his/her eyes? Have troubles with escalators? |  |
|  | If yes to problems 🡪 ask Irlen Syndrome symptoms Do words move on the page? Any problems with reading dark words on a glossy or white page? Any problems with headaches when reading?Visual tracking 🡪 having to re-read words/sentences? |  |
|  | (If patient has ADHD symptoms, also ask about symptoms of convergence insufficiency) 🡪 Any problems with double vision?  | Convergence insufficiency is frequently misdiagnosed or seen in association with ADHD  |
| * Sound/hearing:
 | Any sensitivity to sound? E.g. household appliances like vacuum cleaners, problems on buses, gyms, classrooms?Any problems with needing to make sound? Needing things louder than other pveople? |  |
| * Touch/tactile
 |  |  |
| * Sensitivity to light touch
 | Any sensitivity to being touched, e.g. tags on clothing, certain fabrics like wool, e.g. problems with tight clothing?Does this cause any problems?  |  |
| * Hyposensitivity to touch
 | Any problems with being unaware of touch, being oblivious to pain? Crashing into things or seeking out rough play? |  |
| * Deep touch
 | How is s/he with deep pressure? Like hugs, neck rub, etc. ? Does s/he seek out heavy blankets?  |  |
| * Taste (may be combination of smell/olfactory or tactile):
 | Any troubles being a fussy or picky eater? E.g. problems with soft or mushy foods? Any foods that s/he just has to avoid because of the texture?  |  |
| * Gustatory:
 | Any troubles avoiding certain food textures? E.g. soft mushy foods? Tastes?Does he have to eat one food at a time? Avoids foods with mixed textures - such as smooth foods with lumps like soups or stews?Preference for cunchy foods? Do these sensitivities cause any problems, e.g. having a limited diet?Displays a very strong preference for temperature of food or drink?  |  |
| * Movement/vestibular:
 | Seeking behaviors -- Any problems with needing a lot of movement? Troubles sitting skill?Avoidant behaviors – any problems with car sickness, motion like rocking chairs, swings?  |  |
| * Smell/olfactory:
 | Any hypersensitivities to smell? Any problems with needing to seek out smells, even smells that others might find disgusting? (e.g. smearing feces)  |  |
| * MORE OPTIONAL -- Interoceptive (internal)
 | Any troubles knowing when s/he is tired? Hungry? Needs to go to the bathroom? |  |

**Motor**

|  |  |  |
| --- | --- | --- |
| * Fine motor
 | Any troubles learning to tie shoelaces, or buttons? Any problems with handwriting? | Particularly if there are sensory issues, screen also for coordination issues DDx for motor troubles includes Developmental Coordination DisorderFine motor problems commonly seen with ADHD  |
| * Gross motor
 | Any problems with being clumsy? E.g. any problems playing sports… catching balls… jumping jacks… or riding a bicycle?   |  |

* Disruptive behavior symptoms

|  |  |  |
| --- | --- | --- |
| * Oppositonal defiance:
* Parenting
 | *Any troubles following expectations/rules at home?**Any particular expectations on \_\_\_ at home, e.g. chores, homework, helping out.* *Any particular consequences that happen?* |  |
| * Conduct Disorder:
 | *Any problems violating the rights of others?* *Any verbal aggression?**Any physical aggression?**Towards peers, adults?**Towards animals? Towards property (e.g. vandalism)?**Firesetting?* *Criminal activities?*  |  |
| * ADHD:
 | *Start asking ADHD questions to others such as parents first…*  |  |
| * Inattentiveness
 | *Any troubles paying attention on boring things (in class, outside of class)? Any concerns by teachers/parents about troubles paying attention? Do people ever have to repeat things to him/her?*  |  |
| * Distractibility
 | *Any problems getting distracted easily – if you’re focusing on one thin, do you ever find you end up paying attention on something else?* |  |
| * Hyperactivity
 | *Any troubles sitting still in class? Does it cause any problems? Are you a fidgety person? Any complaints about being bored?* |  |
| * Impulsivity / Impulse control
 | *Any troubles acting so quickly, before thinking it through, that it gets you into trouble? Any troubles with waiting turns / interrupting other people / blurting out answers in class?* |  |
| * Need for high stimulation / Easily bored
 | *Any troubles getting bored easily? Does it cause any problems?**Do you end up doing other things in class? (e.g. doodling, looking out the window, talking to others)*  |  |
| * Disorganization
 | *Any troubles being messy (at school, home)? Ever lose things that you need? Any problems forgetting assignments, homework?*  |  |
| * Persistence
 | *Any troubles finishing what you start? Or do you start one thing, then go on to the next, then on to the next and so on?* |  |
| * Associated symptoms of emotional lability or low frustration tolerance
 | *Any problems with mood swings? Problems with having a short-fuse? Problems getting upset easily?*  |  |
| * Oppositonal defiance:
* Parenting
 | *Any troubles following expectations/rules at home?**Any particular expectations on \_\_\_ at home, e.g. chores, homework, helping out.* *Any particular consequences that happen?* |  |
| * Conduct Disorder:
 | *Any problems violating the rights of others?* *Any verbal aggression?**Any physical aggression?**Towards peers, adults?**Towards animals? Towards property (e.g. vandalism)?**Firesetting?* *Criminal activities?*  |  |

* Psychosis Screening

|  |  |  |
| --- | --- | --- |
| * Hallucinations
 | *(****To patient)*** *Any troubles with your hearing? Ever hear any things that others can’t hear? Any troubles with vision? Ever see any things that others can’t see?* *(To caregivers) Does s/he report seeing things that others can’t see? Does s/he report hearing things that others can’t?*  |  |
| * Delusions, e.g. Paranoia
 | *(****To patient)*** *Some people have strong beliefs about things such as religion, UFOs or other things. Any things that you feel strongly about? Do others disagree with you about these things? Ever feel that others are out to get you?**You’ve mentioned being under a lot of stress. Does it get to the point where it feels like others are against you, or out to get you?*  ***(To caregiver)*** *Does s/he have any strong beliefs that seem a bit extreme?*  |  |

* Daily routine (including daily computer/television time)

|  |  |  |
| --- | --- | --- |
|  | *From the moment you wake up to the moment you go to bed, how do you spend the day?*  |  |

* Attachment questions

|  |  |  |
| --- | --- | --- |
| * General
 | *(To patient) Who are you closest to?**(To caregiver) Who does \_\_ seem closest to?*  |  |
| * Seeks physical proximity with:
 | ***(To caregiver)*** *Does s/he give physical affection to anyone in particular? Does s/he seek out or cling to anyone in particular? Does s/he get upset if separated from anyone?*  |  |
| * Seeks to be the same as, or have common interests with:
 | *(To caregiver) Does s/he try to copy or fit in with anyone in particular?*  |  |
| * Seeks to be possessive / loyal with:
 | *(To caregiver) Does s/he get jealous for anyone’s attention?*  |  |
| * Seeks to be valued with:
 | *(To caregiver) Does s/he try to do things, give gifts, favours for anyone in particular?*  |  |
| * Expresses heart-felt love with:
 | *(To caregiver) Is s/he able to say, “I love you”, etc. To who does s/he say this?*  |  |
| * Shares, confides, discloses fully with:
 | *(To patient) Who do you trust the most?* *(To caregiver) Does s/he trust anyone enough to confide in them?*  |  |

**Safety History**

***As this is a sensitive topic, this is best done speaking with the patient separately, and also the parent separately***

|  |  |  |
| --- | --- | --- |
| * Current suicidal ideation
 | *Any thoughts that life isn’t worth living? When did they begin? How frequent are they? How persistent are they? Are they obsessive / ego-dystonic? Can the patient control them? What motivates the patient to die or to continue living?* |  |
| * Presence of a Suicidal Plan
 | *How’s the farthest that the thoughts or plans have gone so far? Has it gotten to the point where a) you’ve prepared things to hurt yourself? e.g. gotten pills, suicide note, financial arrangements?* |  |
| * Feasibility of plan?
 | *Access to weapons (Document any conversation about access to guns or other lethal weapons. Consider the possibility of misinformation.) Likelihood of rescue?* |  |
| * Reasons for self-harm
 | *What makes you think about ending your life?*  |  |
| * Reasons for living
 | *Despite the (problems), the fact that you’re here today tells me there must be a stronger part of you that has hope, and that wants to live. What’s keeping you going?* |  |

## Past Mental Health History

|  |  |  |
| --- | --- | --- |
|  | *Any times in the past when you’ve had similar problems?**Any times in the past when you’ve seen a professional, e.g. your doctor, counselor, psychologist, psychiatrist?**Any past psychiatric evaluations or other evaluations by OT, Speech pathologist or a psychologist* | It is unfortunate, but due to stigma around the word “psychiatric”, consider avoiding asking ‘Any other past psychiatric history?’ Rather, ask in a way without using the word “psychiatric”….  |
|  | *Any past admissions to hospital?* |  |

## Legal History

|  |  |  |
| --- | --- | --- |
|  | Ever have any difficulties with the law? |  |

## School History and Psychoeducational Testing

|  |  |  |
| --- | --- | --- |
|  | How has school usually been?How does your child usually get along with teachers? With peers?How have the marks usually been? Which subjects are the best? Which are the worst? |  |
|  | Have there ever been concerns about learning difficulties? |  |
|  | *Has there ever been any learning tests, or testing done with a psychologist before?* |  |

## Medical History

Start with open-ended, general questions (“How is your health?”); ask more closed ended questions (e.g. “Any troubles seeing double?”) depending on your clinical suspicion…

|  |  |  |
| --- | --- | --- |
| * General health
 | How is your health normally?Any medical problems right now? |  |
|  | Any past admissions to hospital?Any past surgeries? |  |
| * Medical ROS
 |  |  |
| * Neuro
 | Any problems with seizures or head injuries in the past? |  |
| * Sleep disorders
 | *Any problems with your sleep?**What keeps you from sleeping?**Do you take naps? Is there a TV in the bedroom?**Any daytime sleepiness? Waking up in the morning? If you get a chance to sit down somewhere, any problems falling asleep during the day? E.g. in class? Watching TV or movies?* | In general, sleep disorders will have daytime somnolence |
| * Problems with vision/hearing
 | *Any problems with your eyes? Ever see things that others can’t see?* *Any problems with your hearing? Ever hear things that others can’t hear?*  | If you have not yet asked about psychosis, you can ask it here in the medical ROS.  |
| * If indicated
 |  |  |
| * Obstructive sleep apnea (OSA)
 | *Any troubles gaining weight as expected? (i.e. Failure to thrive)* *Mouth breathing?**Enlarged tonsils and adenoids?* *Any snoring? (note that lack of observed snoring does not rule out OSA)* | OSA is a DDx for ADHD  |
| * Restless legs
 | *When you try to relax in the evening or sleep at night, do you ever have unpleasant, restless feelings in your legs that are relieved by walking or movement?* | DDx for ADHD  |
| * Periodic limb movement disorder
 | *Have OTHER people ever noticed that you have problems jerking or kicking your limbs? When you wake up the next morning, do you find that your sheets are all over the place?* | DDx for ADHD |
| * Migraines
 | Migraine screening questions: 1. *Has a headache limited your activities for a day or more in the last three months?*
2. *Are you nauseated or sick to your stomach when you have a headache?*
3. *Does light bother you when you have a headache?*
 | Positive predictive value of 80% sensitivity, 75% specificity for migraines. (Ref: Lipton et al., 2004) |
| * Seizures
 | *Any staring spells? Any times when s/he is unresponsive or in a trance?* | Absence seizures is a DDx for ADHD  |
| * Opthalmologic
 | Any troubles when looking at things close, like reading, computer work, or desk work? Troubles such as: eyestrain; headaches; blurred vision; short attention span; losing your place? Find it better if you cover one eye?  | Convergence insufficiency is a DDx for ADHD  |
|  | Seeing any things that others can’t use? | Asking about visual hallucinations during the Medical ROS is an easy way to ask if you didn’t ask elsewhere |
| * ENT
 | Any problems with ear, nose or throat infections?  |  |
| * Endocrine
 | Any problems with feeling hotter or colder than other people? | DDx for various conditions  |
| * Respiratory:
 | *Any troubles breathing?*  |  |
| * Cardio:
 | *Shortness of breath with exercise (more than other children of same age) in the absence of alternate explanation (e.g. asthma, sedentary lifestyle, obesity)?**Poor exercise tolerance (in comparison with other children) in absence of alternate explanation (e.g. asthma, sedentary lifestye, obesity)?**Fainting or seizures with exercise, startle or fright?**Palpitations brought on by exercise?**Family history of sudden or explained death including sudden infant death syndrome (SIDS), unexplained drowning or motor vehicle crashes (in 1st or 2nd degree relatives)?**Personal or family history of non-ischemic heart disease such as: long QT syndrome, cardiomyopathy, etc…?*  | Ruling out potential cardiac problems is particularly important if you are thinking of starting psychostimulants If YES to any of these questions, refer to paediatric specialist in cardiology…(Source: “Cardiac risk assessment before the use of stimulant medications in children and youth: A joint position statement by the Canadian Paediatric society, the Canadian Cardiovascular Society, and the Canadian Academy of Child and Adolescent Psychiatry”, 2009) |
| * GI:
 | *Any troubles with constipation/diarrhea/stomach aches?* |  |
| * GU:
 | *Any troubles peeing?* |  |
| * Sexual / Gyne:
 | *Any troubles with periods?**Are you sexually active?* *Has anyone ever touched you in your privates?*Has anyone ever did anything to you that you felt was wrong? |  |
| * Yeast Overgrowth
 | *Past antibiotic use?**Yeast infections?**Cravings for sweets, carbohydrates?**Fatigue?* | Classic symptoms of yeast overgrowth syndrome screening |
| * **Nutritional**
 |  |  |
| * Omega 3 fatty acid deficiency
 | *Dry Skin/Eczema?* *Frequent urination?* *Visual problems?* *Sleep problems?* *Neuropsychiatric symptoms?* | Classic symptoms of Omega 3 fatty acid deficiency – presence of these symptoms may suggest role for Omega 3 fatty acid supplementation  |
| * Iron-deficiency anemia
 | *Hunger for strange substances such as paper, ice, or dirt? (i.e. pica)* | Also look for* Upward curvature of the nails referred to as koilonychias.
* Soreness of the mouth with cracks at the corners.
 |
| * B12 deficiency anemia
 | *Tingling, "pins and needles" sensation in the hands or feet.* *Loss of sense of touch.* *Troubles walking?* *Clumsiness and stiffness of the arms and legs.* *Memory problems?* *Hearing or seeing things?* *Paranoia?*  |  |
| * Chronic lead poisoning
 | *Abdominal pain?* *Constipation?* *Vomiting?* | Also look for A blue-black line on the gums referred to as a lead line.  |

## Medications

|  |  |  |
| --- | --- | --- |
|  | *What medications are you on, if any?* *Started by who? Since when? For what?*  | For each medication, ask these questions[Consider getting brandname and tradename – generics can differ from brandnames!] |
|  | *Any side effects? Do you think its helping or not? How do you feel about your medications?* |  |

## Past (Psychotropic) Medications

|  |  |  |
| --- | --- | --- |
|  | Have you been on any medications in the past for similar issues? *Any past medications for mood, stress or sleep?* |  |

## Habits

|  |  |
| --- | --- |
| * Caffeine:
 | Any caffeine? E.g. tea, cola drinks?If so, have you ever noticed if it affects your sleep? / concentration? (Sleeping better after a stimulant is often seen in those with ADHD, though by no means is this diagnostic!) ) |
| * Alcohol:
 | How much alcohol do you drink? If so, what does it do for you? |
| * CRAFFT Screening Questionnaire for substance problems
* TWO or more positives indicates possible problem, and warrants further exploration
 | *C - Have you ever ridden in a Car driven by you someone (including yourself) who was “high” or had been using alcohol or drugs?**R - Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?**A - Do you ever use alcohol or drugs while you are by yourself, Alone?**F - Do your family or Friends ever tell you that you should cut down on your drinking or drug use?**F - Do you ever Forget things you did while using alcohol or drugs?**T - Have you gotten into Trouble while you were using alcohol or drugs?*  |
| * Recreational drugs:
 | Do you use any recreational drugs like weed, speed, mushrooms? If so, what does it do for you? |
| * Nicotine:
 | Do you smoke? |
| * Over the counter and herbal medications:
 | Any over the counter or herbal medications? E.g. St. John’s Wort? |
| (ASKING ABOUT STRENGTHS)  | If youth does not use alcohol or street drugs, then say “There must be a lot of peer pressure to use. What strength do you have that keeps you from giving into the peer pressure?” |

## Allergies and Adverse Reactions

|  |  |
| --- | --- |
|  | Any allergies to any medications?Any allergies to anything in the environment?(If ADHD) Any effects from red food dyes or coloring? |

## Family Psychiatric/Medical History

***When seeing a child/parent, as this may be a sensitive topic, this is best done speaking with parent separately***

|  |  |  |
| --- | --- | --- |
|  | Anyone in the family have similar difficulties? Any difficulties with parent(s) health? | Family Psychiatric History is usually asked alone with parents ; there may be sensitive history that the parent doesn’t wish to share with the child) |
|  | Any history of depression? Anxiety? Problems with alcohol or street drugs? Problems with schizophrenia? Problems with bipolar? Learning difficulties? Problems with the law?Any (medical) illnesses run in the family ? |  |
|  | If parents have any conditions, what was the most helpful? E.g. any particular medications that family members found helpful?  |  |
|  |  |  |

## Social History

|  |  |
| --- | --- |
|  | For each key relationship, 1) Tell me about \_\_\_ -- what is s/he like? 2) What’s good about your relationship with \_\_\_? What is it that s/he does that you like? 3) What’s not so good? What is it that s/he does that you like? 4) What do you wish could be different? Or if you don’t have much time, a very quick way would be simply: * Are you happy with the way things are with \_\_\_?
* What do you wish could be better?
 |
| * Family:
 | What is your family like? |
| * Mother:
 | What is your mother like? |
| * Father:
 | What is your father like? |
| * Brother(s):
 | What is your brother(s) like? |
| * Sister(s):
 | What is your sister(s) like? |
| * Friends:
 | What is your friend(s) like? |
| * Boyfriend/Girlfriend
 | Are you seeing anyone right now? Any boyfriend/girlfriend? |
| * Supports:
 | Are there any people you have that you feel you can count on or turn to for support? Who are they? How do they support you? |
| * Spiritual history
 | H)ope – sources of hope, strength, comfort, meaning, peace, love and connection O)rganized religion – the role of organized religion for the patient P)ersonal spirituality and ractices E)ffects on medical care and life decisions -- Any beliefs you have that might affect what we’re doing here? |

**Pregnancy, Infancy and Developmental History**

|  |  |
| --- | --- |
| * Pregnancy
 | Any problems with the pregnancy? |
| * Delivery
 | Any problems with the delivery? |
| * Post-natal
 | Any problems after the delivery? Any problems with your health after the delivery? Any problems with post-partum blues / feeling sad after the delivery? |
| * Temperament
 | Any sense of what your baby’s personality or temperament was like? |

**Life History**

* Childhood

|  |  |
| --- | --- |
| * Trauma
 | What’s the worst / scariest thing that’s ever happened to you? Has anyone ever touched you in your privates? Has anyone ever hurt you?Are there any people that you’re afraid of hurting you?Do you think you’ve ever been abused physically / sexually? |

**Individual Observations (Mental Status Examination)**

## Family Observations

**Lab Investigations**

* + Standard screening such as CBC, lytes, BUN/Cr, AST/ALT, Mg, Ca, P, TSH, B12/folate 🡪

**(Typical) Impressions by DSM-IV**

|  |  |
| --- | --- |
| I. | Mood Disorders* Adjustment Disorder
* Dysthymic Disorder
* Major Depressive Disorder
* Bipolar Disorder (rare)

Anxiety Disorders* Generalized Anxiety
* Social anxiety disorder
* Separation anxiety disorder
* OCD
* Specific phobias
* Elective mutism

AD/HDEating Disorders**Autistic Spectrum Disorders\*\***Regulatory Disorders (i.e. Self-regulation or Sensory processing disorders) Etc…Learning Disorders (e.g. Reading Disorder/Dyslexia, Non-Verbal Learning Disorders) |
| II. | Mental RetardationPersonality Disorders (for adults)  |
| III. | Rule out contributory medical disorders* Rule out endocrine (e.g. thyroid)
 |
| IV. | Psychosocial / environmental stressors are: school, family, work  |
| V. | GAF  |

## Summary

* This patient presents with signs/symptoms suggestive of \_\_\_\_\_\_\_\_\_\_.
* They are predisposed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The current difficulties appear contributed to by the recent (list recent stressors).
* Yet despite their difficulties with \_\_\_\_, they have still managed to (note strengths here),
* Future goals include \_\_\_\_\_, and motivation appears \_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Biological | Psychological | Social  | Spiritual  |
| Predisposing | Family history | Childhood, past life events  |  |  |
| Precipitating (any new stressors)  | Any medical changesUse of street drugs | Any problems with Connections with peple (e.g. conflicts, losses)Any problems with sense of Agency, Control, or Autonomy (e.g. any perceived failures) | Any problems with school, work, relationships | Any problems leading to loss of hope or meaning |
| Perpetuating (any chronic stressors)  | Any chronic health problems or habits | Any chronic stresses or problems |
| Protective | Absence of street drug useHealthy lifestyle  | Any strengthsAny positive relationships |
| Treatment | Optimize sleep, diet, exercise (e.g. martial arts, yoga)Limit alcohol or street drug use  | Correct any cognitive distortions | Improve any stresses from school, work, relationshipsOptimize social supports  | Optimize spiritual supports |

## Plans

* ? Child protection issues:
* ? Disposition
	+ **Diagnoses**

|  |  |
| --- | --- |
|  | *For the Mood/Anxiety Clinic, the differential Dx for depression / anxiety includes:** *Mood Disorders*
* *Major depressive disorder (i.e. depression), dysthymic or adjustment disorder*
* *Bipolar disorder or bipolar spectrum*
* *Anxiety disorders*
* *Psychotic disorders*
* *Substance use disorders*
* *Autistic spectrum disorders*
* *Axis II, e.g. developmental or learning disabilities*
* *Sensory processing disorders*
 |

* + Rule out medical causes: I am assuming that standard medical conditions that might cause similar symptoms have been ruled out by the primary care physician
	+ Standard bloodwork
	+ For any behavior, cognitive symptoms (e.g. ADHD): Consider lead levels due to reports of high frequency
	+ For anxiety disorders: Consider thyroid indices
* Medications: assuming that non-medication options have been tried already, then medications may be helpful:
* Counseling/therapy is recommended. Here is a list of community services that may be helpful:
* Spiritual
* Follow-up: regrettably, due to a shortage of therapists in our clinic, we are unable to offer ongoing follow-up at this time.

We regret that we do not have the resources to provide ongoing follow-up for this youth, but should there be need for future reassessment, the family (or her guardian) is free to contact me within 6-months. After 6-months, any future re-referrals will need to come from a physician’s office.

Thank you for allowing me to participate in the care of your patient. Please do not hesitate to contact me with any further questions or concerns.

\_\_\_\_ (Your Name, Signature, Title) \_\_\_\_\_\_\_\_\_\_\_\_\_

for Dr. \_(Name of your staff)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Interviewing Principles:

* Start Open Ended by asking “how things have been?”
* If things are good great
* If things are very negative (e.g. patient is getting upset from all the negatives), then listen a bit, however based on your best judgment, intervene is things are too negative, and then you might say, “I can hear its been very stressful and difficult. We’ll definitely have to talk more about these difficulties. Before we do so, can we start off with some more positives first?”

## It’s all about the Alliance, Alliance, Alliance

* The most important principle in any patient encounter is to form a good therapeutic alliance, which is that working relationship, connection and bond between the clinician and the patient/youth/family.
* The therapeutic alliance consists of:
1. Agreement on Common Goals
	* Goals are the desired outcome, or what everyone wants from the patient encounter
	* Goals can range from basic needs, “I need a place to live”, to medical concerns, “Help get rid of this pain!” to emotional, “Better mood”, to psychosocial, “Less fighting at home”
	* Ways to elicit goals is to ask, “How can we make this a helpful visit”
	* Although less crucial in acute medical settings, asking specifically about goals is essential in mental health settings
2. Agreement on Tasks
* Tasks are the steps that one does in order to get to goals, e.g. “See a counselor”, “Go to bed by 10 PM”, or “Take my medications”
* Only after you agree on goals can you start to work on tasks
* I.e. Your patient is more likely to agree to take medications if you have originally agreed on the goals, e.g. “Feel more calm and not have anymore OCD”
1. Bond, which includes aspects such as empathy, consistency, reliability, etc.
* Aspects like empathy and trust are very important, but the problem is that during the first encounter, there is not yet any empathy or trust built up
* The way to build up empathy and trust is to achieve agreement on goals and tasks!

# Frequently Asked Questions (FAQs)

***BUILDING RESILIENCY***

Throughout the interview, never forget to reinforce patient resiliency and strengths whenever possible! Some sample questions to build resiliency include:

|  |  |
| --- | --- |
| *Countering isolation**• Who understands your situation?**• In whose presence do you feel peaceful?**Countering meaninglessness**• For whom or what does it matter that you continue to live?**Countering despair**• What keeps you from giving up on difficult days?**• From what sources do you draw hope?**Promoting resilience**• What part of you is strongest right now?**• What is still possible?* | *Countering sorrow**• What sustains your capacity for joy in the midst of pain?**• What has this experience added to your life?**• Are there things that take your mind off your illness and comfort you?**Promoting continuity of self/role preservation**• What should I know about you as a person that lies beyond this illness?**• How have you prevented this illness from taking charge of your life and identity?**• What did you do before you were sick that was important to you?**• What about yourself or your life are you most proud of?*• What have you learned about your life during your illness that you would want to pass along to others?  |

Questions taken from *http://www.currentpsychiatry.com/2004\_08/0804\_Lolak.asp*

|  |  |
| --- | --- |
| ***GENERAL TIPS***  | Avoid “How are you?” -- a psychiatric interview is NOT a social conversation. Generally avoid questions such as “How are you?”, because it tends to lead to a social answer. Most people are conditioned to say, “Fine”, even if the true situation is completely different.  |

## How many visits?

**First visit**

* With straight forward, simple cases, you may be able to complete the assessment, as well as give feedback in one visit
* But if you can’t get it all done in one visit, then simply bring them back for a follow-up appointment

**Second visit**

* During the second visit, you might say:
* “Its nice to see you today. Today, I’d like to spend some more time asking about what has been going on, and then I would to share my thoughts on what we can do that would help make things better.
* But first, I’d like to ask how have things been since the last visit?”
* “Okay, you’ve given me a good overview of how things have been since last time. At this point, I have some more question about…”
* At this point, simply continue to ask about any remaining history that hasn’t yet been covered
* With very complicated cases, it is possible it can take even longer!

**Feedback**

* Feedback is when you tell the patient/family your professional impressions about diagnosis, and what to do to get things better
* Depending on the visit, this might be possible at the end of the first visit, or might not be possible until a few visits later
* Feedback involves
* **Giving the diagnosis**
* “My job is to help you get to your goals. You’ve told me that your goals are…”
* “As a psychiatrist, my job is to figure out what obstacles might be getting in the way of our goals, and come up with a plan to deal with it.”
* “You have told me that you have symptoms of (list the symptoms)….”
* “These symptoms aren’t you; it’s a condition known as (condition name).”
* “You should know that you didn’t cause yourself to have (condition). Its not your fault.”
* If you are worried that the child will not accept responsibility, then you can add this to
* “Still, even though its not your fault for causing your ADHD, you’re still the responsible person who has to deal with it.”
* **Education about the condition**
* Here are some key things that you need to know about (condition)…
* **Talking about what to do about it**
* “The good news is that there are many different things we can do to deal with (condition)…”
* Give them a handout/reading materials if you have can!
* Schedule a follow-up
* In general, our visits will be once every week / every two weeks.
* Because of high demand for our services, we will only be able to see you for a limited period of time. Nonetheless, I am confident we can get a lot of things done in a short time. And should your child require additional help even after my involvement, we can talk about the different options.

# Part 2: How to do a Follow-Up Visit

**Starting off with the patient AND parent(s)…**

Clinician: “How have things been since our last visit?”

If patient responds with mood or symptom, answer, then “tell me more about that”… “using a scale between 0 and 10, how would you say your mood is?”

For example:

* Patient: “Things have been good.”
* Clinician: “I’m glad things have been good. Tell me more…”

If patient responds by telling us about what events have been happening, then explore more, then ask “How has (the events which have happened) affected your mood / symptoms?”

As the patient is talking, listen for positive behaviours that are attachment related, and reinforce those things if indicated.

If things have gotten better, then REINFORCE STRENGTHS:

* “What has been happening that makes things better?”
* “What have you / others been doing that makes things better?”

 “Any other things you wanted to let us know?”

Throw in family therapy strategies such as circular questioning, “Did you know that \_\_ felt that way? What do you think?”

Review any other key symptoms that you need to review in this patient

* If you are seeing a patient with psychosis, ask: “How have the voices been since last visit?”
* If you are seeing a patient with ADHD, ask: “How have the ADHD symptoms been since last time?”

After you have reviewed all the key information you need to review, then talk about goals.

* Express your goals as a clinician, “Today, I’d like to \_\_\_”.
* Set new goals (timeframe could be goals for today’s visit, or goals for visits in general)
* Ask the family / patient what their goals are for the visit
* Clinician: “What would make today a helpful session?”

REMEMBER: FORMING THE THERAPEUTIC ALLIANCE REQUIRES:

1. Agreement on Goals
2. Agreement on Tasks
3. Bond – Empathy, (Physician) Competence, Reliability and Consistency, and Altruism (Acting in the patient’s interests)

Flowchart showing Follow-up Visit regarding Mood/Anxiety Issues

“How have things been since last time?”

**Mood**

E.g. patient: “I’ve been feeling good/bad.”

**Event**

E.g.patient: “Things have been great/bad.”

**Closed-ended**

* Clinician: “On a scale between 0 and 10, if 0 is the worst mood, and 10 is the best, how has your mood been since last time?”

**Goals**

* Ask “Today, I’d like to talk about (clinician’s goals)…” (clinician goals)
* “Anything in particular that **you’d** like to get from coming here today?” (asking for family goals)

**Open-ended**

* Clinician: “Tell us more…”

**Linking Events to Mood**

* “So with everything that has been happening, how has your mood been?”

**Linking Mood to Events**

* “So what’s been happening that makes your mood that way?”

**Summarizing statement:** “You’ve given us a good idea of how things have been.”

**Open-ended**

* Clinician: “Tell us more…”

**Open-ended:** “Anything else that you’d like to tell us?”

\* The above example applies if you are seeing a patient for Mood/Anxiety issues. If you are seeing a patient for different symptoms, you would link events with those different symptoms.

## Frequently Asked Questions (FAQ) about Interviewing during Follow-up Visits

### At the start of the visit, whom do you meet with during follow-up visits?

**Meet with both the identified patient and** parents (**i.e. adult caregivers).** This sends the meta message that everyone is involved, and that everyone is part of the solution.

Meet with patient AND caregiver(s) together

Meet with patient separately (or parent separately)

Meet separately with the other party

Finish with everyone together

**However, in some cases, it is best to meet separately first:**

Situations where it might be better to meet first with parents are:

* Poor relationship or conflict between child and caregivers. For example, if you start off together, and when you ask, “How have things been since last time?”, and if all you hear back is complaints and negatives about how badly the child has been doing, this is probably demoralizing for the child.

You might try to rephrase your question and ask, “What’s been good since last time?” in the hope that the session can start off with at least some positive energy. But if it really appears like things are negative, then you may need to rapidly switch to meeting alone. You might say, “It sounds like things are pretty complicated. Its probably best for me to meet separately with everyone.” To give a sense of control to the child, you might say, “Would you like me to meet alone with you first, or with your parent(s) first?”

* Child has not yet established trusting relationship with (new) caregivers such as foster parents, or group home workers. In this case, it also makes sense to separate child and parent.

Situations where it might be better to meet first with teenager first are:

* Older child such as adolescent, who values autonomy more than connection with parents.

|  |  |
| --- | --- |
| Children’s Hospital of Eastern OntarioCentre hospitalier pour enfants de l’est de l’Ontario401 Smyth Rd, Ottawa, Ontario, K1H 8L1, 613-737-7600**Progress Notes / Notes d’Évolution** | Chart No.: Name: DOB: Address: Tel.:  |

|  |  |
| --- | --- |
| **Outpatient Psychiatry, Visit No.**  | Date, Time |

* \_\_\_\_ and his parents were seen today
* Since last time, things have improved from mood being 5 out of 10, to now being good with mood at 8 out of 10
* Improvement attributed to
* Less fighting with parents, which was attributed to 1) \_\_\_\_ listening more to his parents, and 2) parents listening more to \_\_\_\_, which was attributed to John sleeping better, which was attributed to mother getting him a radio for his bedroom
* Other stressors
* Positive
* Negative
* During the session, issues were:

**Medications**

**Mental Status Examination**

* + - * No voiced suicidal ideation. Future hope with plans.

**Impression**

**Plans:**

Michael Cheng, MD, FRCP(C), Staff Psychiatrist

## Teaching Script: Follow-up Visit of Teenager with Depression

**Setting**

This is a script of a second, or follow-up visit between clinician and patient. In this example, the clinician, patient and mother have already had one visit together. During that visit, the clinician started an assessment and has gathered information. However, the assessment is not yet complete. During this second visit, the clinician will finish the assessment and give feedback recommendations to the family…

**The cast:**

* Clinician
* Patient
* Patient’s mother
* Patient’s father (who is here for the first time; was not there at the first visit)

**General principle working with multiple people**

In general, direct your questions towards the patient and let him/her respond. While doing so, look at the parent’s non-verbals. If the parent seems to clearly disagree with what the patient is saying, note this, and at a later time, you will check in with the parent.

**Out in the Waiting Area**

|  |  |  |
| --- | --- | --- |
| Clinician:  | Hello!  |  |
|  | Thank you so much for waiting. | *In the event that you are late, apologize!* |
|  | How’s the weather been?Come right on in…. | *Making some light small talk, because later on, you will talk about much more serious issues…* |

**In the Clinician’s Office… (starting with everyone in the room together)**

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| --- | --- | --- |
| **Person**  | **Dialogue** | **Comment** |
| Clinician (If you are a trainee)  |  “I’m \_\_\_\_, a (medical student / resident) working with Dr. \_\_\_. I’ll be starting off the questions, and Dr. \_\_\_\_ will be joining in later on.”  | *Most likely your staff will introduce who you are to the staff, but if not, this is what you can say…* |
| Clinician | **How have things been since the last visit?**  | *Open ended (but still focused on the period of time since last visit)*  |
| Patient:  | Good, I guess…  |  |
| Clinician:  | Tell me more… what’s been good since last time?  | *Asking for specifics*  |
| Patient:  | Well, I’ve been hanging out with friends more.  | *Patient is giving a response about EVENTS* ***–*** *so we’ll explore EVENTS, and later on, we’ll try to relate it to MOOD*  |
| Mother | Yes, overall things have been a bit better. His mood’s better and yes, he’s been out more with friends and not just sitting in his room all the time.  |  |
| Clinician (to patient): | That’s great! How has it been that you’ve managed to hang out more with friends?  |  |
| Patient:  | The weather’s nicer, so that helps.  |  |
| Clinician:  | Wonderful. Now last time we met, the weather was nice too, but you weren’t getting out as much. What have you been saying to yourself that makes you go out?  | *Trying to see if there is a positive cognitive that helps*  |
| Patient | I dunno… I guess I just tell myself “Just do it!” |  |
| Clinician | Okay, any other positives since last time?  |  |
| Mother | We still fight a lot, but it is a bit less. The other day he helped me with dinner.  |  |
| Clinician | That’s great. So what’s helping people get along better?  | *Notice we are not saying “So what’s helping people fight less?” but rather “So what’s helping people get along better?”* |
| Patient  | Well, they’re giving me more space. If I tell them I want to talk later, they leave me alone.  |  |
| Mother | Yes, we try to give him more space.  |  |
| Clinician:  | Good... So with all these positives happening, how has your mood been these days, compared to our first visit?  |  |
| Patient  | A bit better…. |  |
| Clinician | So if we had that scale between 0 and 10, where 0 is the worst mood possible and 10 is the best mood, where would you say your mood is between 0 and 10?  |  |
| Patient | 3 out of 10.  |  |
| Clinician | And how would you say that compares to last visit – what was your mood at the first visit?  |  |
| Patient | At last visit, I think I said I was a 0.  |  |
| Clinician | That’s right. So you’re mood has really improved since last time. So it sounds like 1) getting outside more, 2) hanging out with friends, 3) getting along better at home, 4) parents giving you more space, have all been things that have helped your mood.  |  |
| Mother | No, that sounds just about right. |  |
| Clinician | So let me just summarize things. Because of all these things that you and your family is doing, your mood has actually improved from a 0 to a 3. What does that tell you about yourself?  |  |
| Patient | That maybe I’m not so hopeless after all? |  |
| Clinician | Without a doubt – you have a lot of strengths, and that gives us a lot of hope that we will definitely be able to get over this depression.  |  |
|  | How’s that sound to you?  |  |
| Patient  | Good…. |  |
| Clinician | Okay, for today, my goals are to ask some more background questions and at the end of today, then I’ll be able to give some feedback recommendations.  | *Outlining the clinician’s goals*  |
|  | Are there any particular goals that either of you have – any particular things that you would like to see better or different from coming here?  |  |
| Patient  | My sleep is still bad and I’m still tired all the time.  |  |
| Clinician | Okay, I’ll make sure that we talk about your sleep then, and see what we can do to help you sleep better.  |  |
|  | Anything else? |  |
| Patient/parents | No.  |  |
| Clinician | Okay. At this point then, I’d like to ask some more background questions. We’ll get started with… | *Moving on to complete any unfinished assessment history….*  |

… the clinician goes on to complete the assessment, and the diagnosis is Major Depressive Disorder….

## Giving Feedback about Depression

|  |  |  |
| --- | --- | --- |
| **Person**  | **Dialogue** | **Comment** |
| Clinician  | Okay, I’m really glad that you were able to come in and see me. What I have heard is that normally, you are a happy, outgoing and active person who enjoys hanging out with friends and school.  | *Thank the patient for coming. Give the patient a quick recap of what he has said.*  |
|  | However, you’ve told me that for the past few months, that things have gotten more stressful at home and school, and as a result, your mood has been down. Its been to the point where you have been crying, and having trouble eating, sleeping and concentrating. |  |
|  | So I have good news and bad news.... The bad news is that you have a condition known as clinical depression. Although its normal for people to get sad from time to time, when you are so sad that you feel physically unwell and when you are so sad that you can’t function normally at home or school, it is actually a condition known as clinical depression.  | *Giving the diagnosis*  |
|  | But there is good news… Depression is very treatable.  | *Instilling hope*  |
|  | Furthermore, although your mood is depressed nowadays, up until a few months ago, everyone says that your mood used to be happy, and at a 8 out of 10. So what does this prove to us, the fact that most of your life your mood has been happy?  |  |
| Patient | That things will get better? |  |
| Clinician | Most definitely. The fact that most of your life you’ve been happy is excellent proof that we should be able to get things better with your mood.  |  |
|  | So let’s talk a bit more about depression. I’ll start by talking about what causes depression…. Many people feel guilty that they may have caused the depression. Many parents also feel guilty that they may have caused the depression. Relax – its not your fault for causing this depression. Depression happens due to many complex factors including your genes and the environment, and is not any one person’s fault. Bottom line is, you didn’t cause your depression.  | *Deal with guilt or stigma – unlike physical illnesses, one significant barrier to treatment is that those with mental illnesses often feel guilt about having their illness* |
|  | How does that sound?  |  |
| Patient | That’s a relief.. But I still feel like its my fault! |  |
| Clinician | Those guilty feelings are the depression. Let me ask you – before the depression, did you have these feelings? | *Externalize guilt onto the depression* |
| Patient | No, I guess not.  |  |
| Clinician | When people get depression, the depression can trick your brain into feeling guilty or bad about yourself. Realize that those bad thoughts are not you -- that’s the depression. So we’ll help you figure out ways to fight back against those thoughts and keep them from making you feel bad.  |  |
| Clinician | Any questions about that? |  |
| Patient  | No, I guess not.  |  |
| Clinician | So let’s recap then – you have depression. You didn’t cause your depression; its not your fault. Nonetheless, its still your responsibility to do everything you can to get better. So I’m so happy to see that you’ve already been doing steps to get better. Things like coming to see me, even despite the fact that the depression part of you probably told you to not come! Things like hanging out with friends, even despite the depression voice that tells you to just stay in your room. And there are many other examples too.  | *Its not your fault**You’ve been doing things that help*  |
|  | Even though its your responsibility to get better though, you are not alone with this. You deserve and need the support of family, friends and professionals to deal with this.  | *Although it is your responsibility, you are not alone*  |
| Clinician | The fact that your parents are both here today at this appointment, what does that prove to you? | *Asking a leading question to purposely reinforce a positive theme or cognition* |
| Patient  | That they care? |  |
| Clinician | Yes, they must care. So even though you didn’t want to be ‘dragged’ here to begin with, the fact that they did bring you here is proof that they do care.  | *Family and other social supports play a pivotal role in overcoming depression – support them!* |
|  | Okay, so at this point, let’s talk a bit more about we can actually do to deal with depression. To help you overcome this depression, we need to deal with your 1) Body, 2) Mind, and 3) Spirit.  | *Ways to deal with depression*  |
|  | Dealing with your body is about taking care of your body so that you are physically healthy enough to deal with the depression. This includes making sure that you get enough sleep; eat a healthy diet; get a healthy amount of exercise.  | *Body*  |
|  | I know that sleep is a problem for you, so when I’m done with this part, we’ll talk more about your sleep.  |  |
|  | Dealing with your Mind includes looking at your thoughts and feelings. Depression tricks people into having depressive thoughts, which leads to depressive feelings. Dealing with your Mind also includes figuring out what things are stressful for you. You’ve said that school, family and friends is a stress for you. Although these things may or may not have caused your depression to begin with, having these stresses certainly doesn’t help. So we’re going to talk more later about how to deal with these stresses.  | *Mind*  |
| Clinician | How’s that sound? |  |
| Patient | Good |  |
| Clinician | Dealing with your Spirit is all about making sure that your life has hope and meaning. You’ve said that things that you live for include your music as well as your friends and family. And you’ve said that in the past you used to go to Church as well. So dealing with your spirit is figuring out all the things that make life worth living, and then filling your life with those things.  | *Spirit*  |
|  | How’s that sound? |  |
| Patient  | Good…. |  |
| Father | What about medications? Does he need medications?  |  |
| Clinician | Excellent question. Antidepressant medications can certainly be helpful in treating depression. In general however, we start off with other strategies first. But definitely, we know that depression causes chemical imbalances in the brain. So if things don’t start getting better over the next few weeks, definitely we can consider medications. How’s that sound? | *Explain the role of medications. Showing the family that you want to consider other treatments first will ultimately give you a stronger medication alliance than if you prematurely talk about medications.*  |
| Mother | I had heard on this website that certain medications can make teenagers feel suicidal… I’m worried about that.  |  |
| Clinician | That is another excellent question. Indeed, a few years ago there had been concerns that certain medications might be unsafe for children and youth. Fortunately, since that time, there have been many more studies done. Currently the evidence states that when appropriately used and monitored, medications are safe. By treating depression, they actually reduce the risk of depression. How’s that sound to you?  |  |
| Mother  | Much better…  |  |
| Clinician | Okay… so now let’s go through these 1) body, 2) mind and 3) spirit strategies in more detail….  |  |

# Sample of Psychiatric Interview for Brief Encounter

## Case: James has been “feeling down”.

You are working a family medicine clinic…You have been asked to see James for “feeling down”.

You have 10-minutes to see James….

**Solution**

Introduction: “Its nice to meet you. I’m \_\_\_\_, a medical student, and I’ll be talking with you for the next 10-minutes or so.”

Chief complaint

|  |  |
| --- | --- |
| Clinician Trainee:  | “What brings you in today?”  |
| Patient: | “I’m just not feeling well. I don’t know what’s wrong with me. You gotta help me.” |

Baseline / Time course

|  |  |
| --- | --- |
| Clinician Trainee:  | “When did these problems start?”  |
| Patient: | “About three weeks ago.”  |

Baseline

|  |  |
| --- | --- |
| Clinician Trainee:  | “How were you before that?”  |
| Patient: | “I was feeling my usual self before then. Things were fine.” |

HPI / Scouting period

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| --- | --- |
| Clinician Trainee:  | “So tell me what has changed since then…”  |
| Patient: | “Well, I guess about three weeks ago, things started getting really bad. I noticed I couldn’t sleep anymore, and I’ve been really tired, and I’m crying all the time.” (in real life, patients will tend to talk a lot more, but in OSCE’s, the patients are trained to speak only very briefly…) |

Shift into SIGECAPS

|  |  |
| --- | --- |
| Patient: | “How is your mood?”“How is your appetite?”“How is your energy?”“How is your concentration?”“How is your interest in life?”  |

Shift into Suicidal / Safety screening

|  |  |
| --- | --- |
| Clinician Trainee: | “Many times when people are feeling down or stressed, they may feel that life is not worth living. How about you?”  |
| Patient:  | “Yeah, I’ve had some thoughts but I wouldn’t act on them.”  |
| Clinician Trainee:  | “What’s the worst that those thoughts get to be?”“Have you ever tried to end your life?”“Have you ever made plans?” |

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| --- | --- |
| Clinician Trainee:  | (for bipolar) “Ever times when you feel the exact opposite of down and low energy?” “For example, mood is really good, and high energy?”“Did your energy get so high, to the point where you didn’t need to sleep?”“Did the energy get so high, to the point where other people got concerned or worried?” |
| Clinician Trainee | (for bipolar) “Under stress, some people may start to notice things. For example, have you ever heard  |

**Other usual mandatory areas**

|  |  |
| --- | --- |
| Clinician Trainee:  | Medical Review of Symptoms“Any medical problems?” |
|  | Past history “Any similar issues with your mood in the past?”Family history “Anyone else in the family with similar issues?”  |

For bonus

|  |  |
| --- | --- |
| Clinician Trainee:  | (resiliency, protective factors, positives) “I’m sorry to hear that there have been all these stresses, and even the thoughts of life being not worth living.”“But you’re still here…” “What keeps you going?”  |

Ending off…

|  |  |
| --- | --- |
| Clinician Trainee:  |  (Bonus skill) “I’m glad you came in today. I understand that normally you are someone who has a good mood, but that recently there have been some stresses, and lately you have had troubles with your mood and other symptoms. I feel very confident that we will be able to help you, and help you feel better again.”“Anything else that you’d like to tell me about?” “I will consult with my colleague / supervisor, and we will get back to you.”  |
|  |  |