Comprehensive decision-making and interviewing skills to enhance clinical outcomes

Mark Haygood, DO, MS, FAPA

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What makes an expert?

Patient perspective
- I trust what the expert has to say and/or
- I know myself, I am going to get the treatment I need for my condition.

Consulting provider perspective
- An expert will help narrow down diagnoses
- An expert will know a wider treatment selection

Specialist perspective
- Delayed diagnoses (up to 10 years in bipolar disorder[1]) may change outcomes
- Patient psychiatric needs are multifaceted, personality component should be evaluated.

[1] Citrome, L., & Thase, M. E. (2021). Depression has many faces: Virtual patient simulations. Lecture. Retrieved from https://www.medscape.org/viewarticle/948501.

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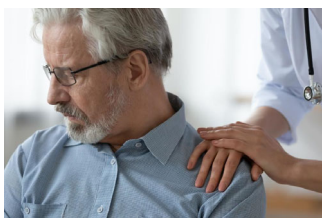
Where is diagnosing particularly important

- Capacity evaluations
- Forensic cases.
- Utilization of services.
- Patients with suicidal ideation, plan, intent.
- Consult liaison



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How do expert psychiatric clinicians make a diagnoses (from a specialist perspective)?

- Observational studies conclude experienced clinicians begin by carefully listening to the patient's initial complaint and asking open-ended questions.
- Based on this preliminary information, they generate a limited number of diagnostic hypotheses (averaging four) early in the interview, usually within the first 5 minutes.
- They then ask a number of closed-ended questions to test whether each hypothesis is true. The process is known as pattern matching.
- Frequency, duration, intensity of each symptom is evaluated.[2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

Active versus passive interviewing

- Maudsley hospital research interviewers who used a focused and directive style, in which they asked many probing questions and requested detailed information led to better data than did a more passive style.
- Best data were obtained when the interviewer used at least 9 probing questions per symptom. [2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

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Biomedical vs. biopsychosocial interviewing

- People naturally emphasize what they think is important.
- Biopsychosocial model popularized in the 70s has been replaced with biomedical model of psychiatry, also reflected in changes in DSM.
- Pros
  - Medical model increases inclusion into mainstream medicine
  - Standardized results, more study feasibility
  - Decrease in stigma of psychiatric disorders
- Cons
  - No reliable biomarker for specific psychiatric disorders
  - Prevalent chemical imbalance theory cannot provide diagnostic testing
  - DSM 5, ICD 10 does not incorporate biological tests to help identify, diagnose, or classify psychiatric disorders or illnesses. [3]

[3] Tripathi, A., Anamika, D., & Sujita, K. (2019). Biopsychosocial model in contemporary psychiatry: Current validity and future prospects. *India Journal of Psychological Medicine*, 41 (6), 582-585

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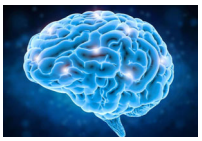
Integrating the models

- Psychological Integration
  - Valuable information is not always measurable.
  - Not all mental health concerns are diagnosable.
  - Improves treatment plans for adjustment disorders.
  - Psychological theories offer alternative views of patient presentation.
  - Shared responsibility of patient progress.



Psychotherapy research in depression, anxiety, OCD, and personality disorders have proven effective therapy normalizes basal brain metabolism and basal cerebral blood flow, resembling neurobiological changes after successful psychopharmacology treatments. [3]

[3] Tripathi, A., Anamika, D., & Sujita, K. (2019). Biopsychosocial model in contemporary psychiatry: Current validity and future prospects. *India Journal of Psychological Medicine*, 41 (6), 582-585

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Social Integration

- In a meta-analytic review, loneliness and poor social support are associated with higher mortality rates comparable to obesity, physical activity, and smoking.[4]
- Less perceived social support at baseline predicts greater symptom severity, poorer recovery/remission, and worse functional outcomes at f/u among people with depression.
  - Anxiety and bipolar disorder have less evidence, followed by lower-levels of evidence in functionality in schizoaffective disorder.

[4]Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci., 10(2), 227–237.
[5]Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. BMC Psychiatry, 18(156), 2–16. https://doi.org/10.1186/s12888-018-1736-5

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Successes in multifaceted perspectives

- If I focus on psychological and social needs of the patient, am I casting too wide a net?
- Some models traditionally seen from integrated perspective
  - Substance use disorder
    - Cognitive predispositions
    - Environmental cues, peer pressure
    - Family history
    - Personality components [3]

3 Tripathi, A., Anamika, D., & Sujita, K. (2019). Biopsychosocial model in contemporary psychiatry: Current validity and future prospects. India Journal of Psychological Medicine, 41 (6), 582-585

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Expected versus expressed findings

Age of Onset

MDD: mid 20s [6]

Anxiety disorders: age 11 [6]

Bipolar disorder
I: 18
II: mid 20s[7]

Schizophrenia
Men: age 25-30
Women: 25-30[2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.
[6]Johnson, K., Vanderhoef, D., & Johnson, K. (2016). Psychiatric-Mental Health Nurse practitioner (4th ed.). American Nurses Credentialing Center.
[7]American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

The ADHD in adults conundrum

- DSM IV-TR described initial symptom presentation to before age 7, DSM 5 changed this to before the age of 12.[7]
- The risk of ADHD in parents and siblings of children with ADHD is increased two to eight times
- Of 14 adult ADHD rating scales with a total of 35 validation studies, the Conners' Adult ADHD Rating scale (CAARS) and the Wender Utah Rating Scale (short version) have more robust psychometric statistics and content validity.[10]

[7]American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
[10] Bukstein, O., Brent, D., & Friedman, M. (2021). Attention Deficit Hyperactive Disorder in adults: Epidemiology, pathogenesis, clinical features, course, and assessment diagnosis. *UpToDate*. Retrieved January 6, 2022, from https://www.uptodate.com/
[9] Anbarasan D, Kitchin M, Adler LA. Screening for Adult ADHD. Curr Psychiatry Rep. 2020 Oct 23;22(12):72. doi: 10.1007/s11920-020-01194-9. PMID: 33095375.

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Adult ADHD symptoms

Working memory
Task shifting
Self-monitoring
Initiation

Self-inhibition
Organizing activities
Remaining focused in a task

Organizing activities
Prioritizing tasks

Follow through on completing tasks
Forgetfulness
Time management (missed apts.)

[10] Bukstein, O., Brent, D., & Friedman, M. (2021). Attention Deficit Hyperactive Disorder in adults: Epidemiology, pathogenesis, clinical features, course, and assessment diagnosis. *UpToDate*. Retrieved January 6, 2022, from https://www.uptodate.com/

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Adult ADHD and the sub-type debate

- Late onset subtype — Studies examining the existence of a late-onset subtype have had mixed results.
- Study Results
  - 90 percent of diagnosed adult ADHD lack a history of childhood ADHD
  - Longitudinal study showed 12.6 percent of patients with ADHD continued to have the disorder from childhood to adulthood.
  - ***Higher IQs can hide symptoms of ADHD, however, symptoms begin externalizing at age 18.

In a longitudinal cohort study, most patients who were initially identified through screening to have late-onset ADHD were found on more thorough assessment to be false positives. Approximately 95 percent of those who initially screened positive on symptom checklists for late-onset ADHD were ultimately diagnosed as having another condition.

[10] Bukstein, O., Brent, D., & Friedman, M. (2021). Attention Deficit Hyperactive Disorder in adults: Epidemiology, pathogenesis, clinical features, course, and assessment diagnosis. UpToDate. Retrieved January 6, 2022, from https://www.uptodate.com/

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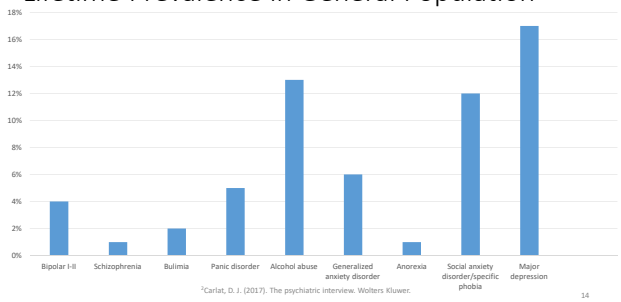
Lifetime Prevalence in General Population



[2]Carlat, D. J. (2017). The psychiatric interview. Wolters Kluwer.

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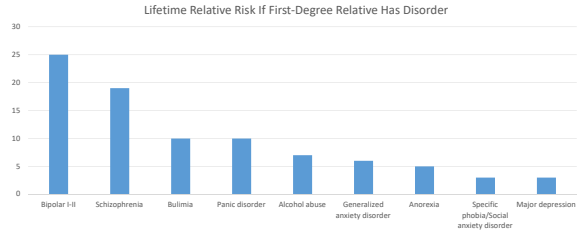
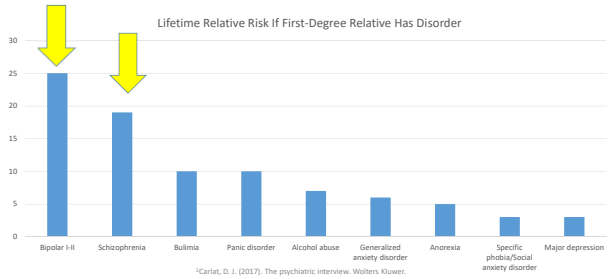
Evidence-based Family History



[2] Carlat, D. J. (2017). The psychiatric interview. Wolters Kluwer.

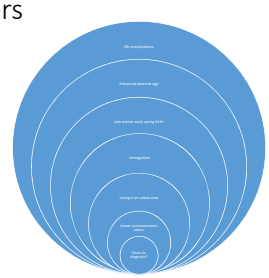
Evidence-based Family History



[2]Carlat, D. J. (2017). The psychiatric interview. Wolters Kluwer.

Benefits of integrative model in highly genetically linked disorders

- Getting closer to the diagnosis
  - Schizophrenia: studies of twins have identified as having a strong genetic component; 50 percent risk in monozygotic twin, 15 percent in dizygotic twin. [2]
- Potential to correlate diagnoses
  - Schizophrenia: substance abuse and dependency 20-40 percent.
  - Nicotine dependence is high (90 percent comorbidity). [2]



[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

[5]Johnson, K., Vanderhoef, D., & Johnson, K. (2016). Psychiatric-Mental Health Nurse practitioner (4th ed.). American Nurses Credentialing Center.
[8] Fischer, B., & Buchannan, R. (2021). Schizophrenia in adults: Epidemiology and Pathogenesis. UpToDate. https://www.uptodate.com

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Epidemiology in social and developmental hx

- Advancing paternal age, which is associated with increased genetic mutations during spermatogenesis, can increase the risk of bipolar disorder in one's offspring
  - Compared to offspring born to fathers 20 to 24 years old, the risk of bipolar disorder in offspring of fathers 45 years and older was approximately six times greater.
- A nationally representative sample of the United States adult population found that bipolar disorder was more common among individuals who reported a history of childhood physical abuse.
- A second study using the same dataset found comparable results. [9]

[9]Stovall, J. (2021, August 9). Bipolar disorder in adults: Epidemiology & pathogenesis. UpToDate. https://www.uptodate.com/

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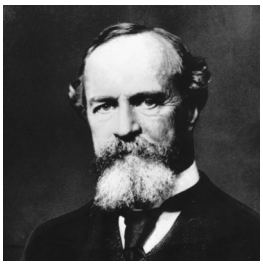
The art of interviewing

- Whenever two people meet, there are really six people present. There is each person as they see themselves, each as the other person sees them, and each as they really are.

-Psychologist William James



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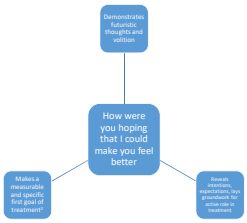
'The free speech period'

- Five minute period at beginning of interview
  - Time for patient to show you who they are.
  - Creates a therapeutic alliance.
  - Gives time for candid objective findings.
  - Establishes what patient is most motivated to change.



[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

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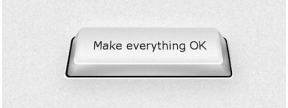
Clinical interviewing tools and tips

Normalization: "I've seen a number of patients who told me their anxiety causes them to avoid doing things, like driving on the highway or going to the grocery store. Has this been true for you?[2]



Symptom exaggeration: How many times do you binge and purge each day? 10 times? [2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

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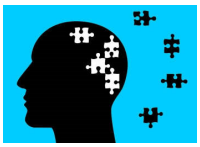
Clinical interviewing tools and tips

Induction: "what is the best thing you ever stole?" (an invitation to brag)[2]



Anchoring: when you were in high school were you depressed? Did you drink alcohol in high school?

Rationale: It is Uncommon to remember dates which occurred more than 10 days in the past. We remember based on events. [2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

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Overreliance on the patient as the only historian

- Psychiatric symptoms interfere with narrative storytelling
  - From a perspective of a patient with any or all of the following: Poor concentration, memory low energy, hopelessness, low emotional and social reciprocity, easily distracted, anger or hostility, poverty of speech, poor decision-making, internal stimulation.

Antidepressant trial recollection

- 80 % of monotherapy trials in the past 5 years.
- 26 % of augmentation trials were remembered in past 0-2 years
- Augmentation trials that were over two years old were not remembered by anybody

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer.

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Collateral Information: Are we doing it?

- Survey says:
- 70 percent review medical records
- Reviewed labs 24 percent of the time.
- Talked to family member 22 percent of the time.
- Talked to patients school 6 percent of the time
- Reviewed patients digital information 2 percent of the time.[11]

[11]Owoyemi, P., Salcone, S., King, C., Kim, H. J., Ressler, K. J., & Vahia, I. V. (2021). Measuring and Quantifying Collateral Information in Psychiatry: Development and Preliminary Validation of the McLean Collateral Information and Clinical Actionability Scale. JMIR mental health, 8(4). https://doi.org/10.2196/25050

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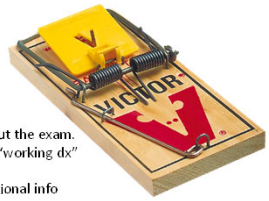
Trapping the diagnosis too early



- Avoid confirmation bias
  - Nature of categorization.
  - Be open to new information from patient.
  - Be open to *some* caveats.
- Premature closure
  - Use inductive and deductive reasoning throughout the exam.
  - Don't be afraid to walk out of a diagnosis or use "working dx"
  - Utilize a differential
  - Collaborate with other professionals where additional info may be indicated.
  - Create columns of most likely diagnoses and assign points.
    - Ex: ADHD versus Anxiety.

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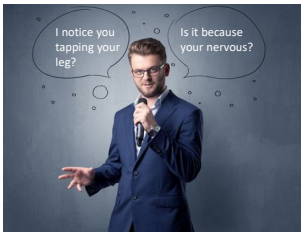
Shift focus to objective Findings

- Depression
  - Characteristic to have a weight loss or gain of more than 5 percent, especially over the course of one month. [6]
- Anxiety
  - Pupil dilation, muscle rigidity, hearing decreased, urinary frequency. [6]



[6]Johnson, K., Vanderhoef, D., & Johnson, K. (2016). Psychiatric-Mental Health Nurse practitioner (4th ed.). American Nurses Credentialing Center.

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Documenting behaviors as objective

- Substance use disorder red flags for misuse or diversion
  - Symptoms of intoxication or withdrawal
  - Demand for fast acting medication
  - Repeated lost prescriptions
  - Discordant pill count
  - Excessive preoccupation with securing medication supply
  - Multiple prescribers.

[12]Nunes, E. V. (2019, November 7). *Management of other substance use disorders* [Lecture notes for slide show]. Providers Clinical Support System. https://e-learning.apna.org/

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Considerations in malingering

- Lying definition: Target did not ask to be misled, the concealer acted deliberately without notification of intent to be misled.
- Types of lying:
  - concealment and falsification.
- Signs of lying
  - Phrases such as "to the best of my recollection" provide an excuse later
  - Non-credible memory loss on a person with intact memory
  - Rapid changes in emotions uncharacteristic for person [13]

[13] Ekman, P. (2009). Telling lies: Clues to deceit in the marketplace, politics, and marriage. W.W. Norton.

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Considerations for malingering

- The Ps and Qs
  - Check the PDMP
  - Before I prescribe, I need to talk to your previous doctor. Assess for hesitation.
  - "I need you to fill out these forms for me." (Patient states at first appointment)
  - Recall is too vague or too perfect.
- Know the stats: studies of auditory hallucinations show that 66 percent to 88 percent patient report voices come from outside of their head. Only 7 percent of auditory hallucinations are vague or inaudible. Auditory hallucinations are intermittent rather than continuous. Only 1/3 of people with hallucinations have command hallucinations and majority do not always obey them.1/3 of auditory hallucinations are questions. They are usually chastising rather than information seeking. [2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer

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Interviewing strategies in malingering

- Pay attention to unusual responses, when called to question quickly a lie must be made on the spot.
- Make questions close-ended when the patient is being vague
- Keep the patient talking and then ask them to recall the lie in a reasonable period. .
- Personal strategy: Tell a patient to walk me through a typical day. This tells me functional status and behaviors consistent with condition.
  - Gain collateral information for consistency with a typical day.

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer
[13] Ekman, P. (2009). Telling lies: Clues to deceit in the marketplace, politics, and marriage. W.W. Norton

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Micro expressions

- Micro expressions are indicated in ½ of all people lying
- Observe for facial expressions that contradict message
- Panic is difficult to conceal, patient may hold hands to stop shaking, brows pull up, lips tighten and stretch, upper eyelid widen. This can be the "moment of being caught".
- Posing is much easier than appearing cool or unemotional, putting a hand over the mouth serves to conceal emotion.

[13] Ekman, P. (2009). Telling lies: Clues to deceit in the marketplace, politics, and marriage. W.W. Norton

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Malingering in patients who report suicidality

- Start with a in-depth suicide assessment
- Document general risk factors. Sex, age, depression, previous attempt, ethanol abuse, rational thinking loss, social supports are lacking. Organized plan, no spouse, sickness.
  - 10 % of those who have previous attempted suicide die by suicide
  - 10 % percent of patients with chronic schizophrenia die by suicide [2]
- Document Imminent risk, as decided by the American Association of Suicidality: rage, recklessness, feeling trapped, increased substance use, social withdrawal, anxiety/agitation, insomnia, hypersomnia, mood change, lack of purpose and/or reason for living [2]

[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer

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Malingering in patients who report suicidality

- Suicidal ideation is the highest reported of suspected malingering presentation, followed by psychosis, mania, and depression.
  - Survey of 405 patients in psychiatric ER showed malingered suicidal ideation was not independently predictive of a higher degree of malingering suspicion.
  - Those suspected of malingering of suicidal ideation had 22-times greater odds of being admitted than discharged
- What is the gain? Exclusion from work, disability benefit, avoidance of legal action?
  - Most common secondary gains inpatient were to be admitted to the hospital or to stay in the emergency room. Encouraging the use of community resources has been shown to reduce emergency room visits.

[14]Rumschik, S. M., M, J., & Appel, J. M. (2019). Malingering in the psychiatric emergency department: prevalence, predictors, and outcomes. *Psychiatric Services, 70*(2), 115–122. https://doi.org/10.1176/appi.ps.201800140

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The discharge treatment plan

- Suicide hotline phone number, local crisis center phone number, references to local shelters and food pantries.
- A completed suicide prevention plan (not a contract): includes people they will call if they are feeling suicidal, coping mechanisms, documentation patient and collateral understands and can recall the warning signs of suicidal thoughts and behavior.
- Plan to continue current medication regimen started at hospital.
- Documentation of recommendation patient not have access to weapons at this time can be appropriate.
- Involvement with collateral family or friends
- A outpatient follow up within a reasonable time-frame; consider an IOP option.
- Follow-up phone call reasonable time period after discharge.

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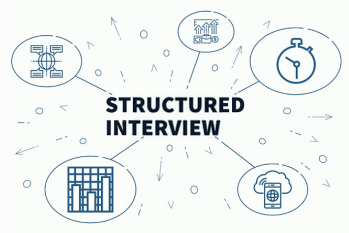
Options for deeper dives

- Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (SCID) shows a 50 percent rate of agreement between routine interviewing.[2]



[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer

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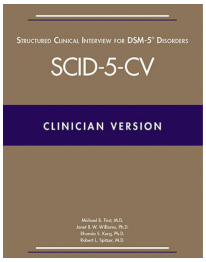
SCID-5 Options

1. SCID-5-CV (Clinical Version) Administration time: 30-120 minutes
2. SCID-5-RV (Research Version) Administrative time: 45-180
3. SCID-5-CT (Clinical Trials Version) Most likely used by pharmaceutical companies during clinical trials Administration time: 30-75 minutes
4. SCID-5-PD (personality disorders) Administration time: 30-120 minutes
5. SCID-5-AMPD (Alternative Model for Personality Disorders) Integrates a dimensional approach to level of personality functioning and diagnosis of personality disorders



[14] American Psychiatric Association. (n.d.). *The structured clinical interview for DSM-5*. American Psychiatric Association Publishing. https://www.appi.org

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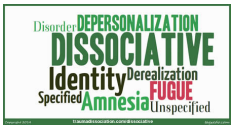
SCID in action on challenging discernment



- 5 studies were identified and subjected to meta-analytic review.
- Findings suggest that the SCID interviews show good validity identifying and differentiating those with dissociative disorders as compared to those without dissociative disorders.
- Conclusion: The SCID interviews are valid instruments for diagnosing and differentiating DD from other psychiatric disorders and feigned presentations of DD.[15]

[15] Mychailyszyn, M. P. (2021). Differentiating dissociative from non-dissociative disorders: A meta-analysis of the structured clinical interview for DSM dissociative disorders. Journal of trauma & dissociation, 22(1).

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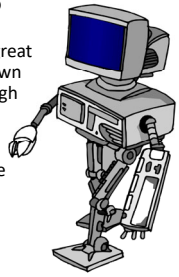
Does adopting a structured style make me a sound like a robot?

The concern remains that a directive style may elicit great factual data at the expense of shutting the patient down emotionally with too much questioning and not enough listening.

A study examining this issue found that more directive interviewers elicited slightly more feelings than did interviewers with a less directive speech. [2]



[2] Carlat, D.J. (2017). The Psychiatric Interview. Wolters Kluwer

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What if we don't focus on the DSM?

- Valid Concerns with DSM
  - The DSM as a "living document".
    - First two versions subscribed to biopsychosocial concept of mental health and revised fifth edition as biomedical model.
    - Binary diagnostic models are based on absence or presence of mental health diagnosis.
      - A revisionist perspective demonstrates changes in the DSM, becoming more dimensional with new editions. Ex: autism spectrum disorder
    - Careful reminders must be given to patient of mental health responsibility, more prevalent in psychotherapeutics versus psychopharmacology.
  - Financial incentives?
    - Public disclosures of all task force members and capping industry-related incomes at 10, 000 per year during involvement with drafting DSM 5. [16]

[16] Roy, M., Rivest, M.-P., Namian, D., & Moreau, N. (2019). The critical reception of the DSM-5: Towards a typology of audiences. Public Understanding of Science, 28(8), 932–948. https://doi.org/10.1177/0966251986896

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Interviewing complicating factors: Self-diagnosis

- Social media can influence diagnoses:
  - Tik Tok: Videos containing the hashtag #dissociativeidentitydisorder have been viewed well over 700 million times, borderline personality disorder has been viewed over 600 million times.
  - This year 63 percent of U.S. teens 12-17 reports using TikTok every week, up from 50 percent in 2020. [21]

[21] Jargon, J. (2021, December 12). Tik Tok diagnosis videos leave some teens thinking they have rare mental disorders. *The Wall Street Journal*.

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Complicating factors: Self-diagnosis

- Self-diagnosing patients may feel more anxious, mistrustful or frustrated than the average patient, and positive communication with them can help build trust and coach them through their anxieties.
- Ask why your patient has come to a particular diagnosis. Some may have been swayed by inaccurate or inapplicable online sources, while others may have particular fears or had bad experiences with the healthcare system.
- Explain the process of a differential diagnosis and how we use observations, experience, and thoughtful testing to come up with a personalized diagnosis.[17]

[17] Bruckner, J. M. (2020, March 9). The dilemma of the self-diagnosing patient. *Wolters Kluwer*. https://www.wolterskluwer.com/en/expert-insights/the-dilemma-of-the-selfdiagnosing-patient

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Complicating factors: Splitting care

- Surveys by the APA polling psychiatrist by decade on split care in therapy and medication prescribing
  - 1980: 5-10 percent split care
  - 1990s: 30-40 percent split care
  - 2010: 50 percent split care [18]

A 2012 survey of 61 full-time private practice psychiatrists splitting care report no communication occurred in 32 percent of cases in 6 months of treatment time. Quarterly communication occurred for only 18 percent of patients.[18]

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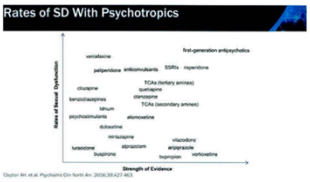
Complicating factors: Side effect concerns

1. Is the side effect found in list for medication?
2. Could an alternative medication mitigate the patient concerns?
3. Has the patient tried a trial without medication to verify this as a side effect of the medication. Could this be a medical concern?
4. Are side effects the "cost of doing business"?



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Complicating Factors: differences in expectations or approaches

- Defining a treatment goal with realistic expectations
  - Example: most common residual symptoms for antidepressant treatment of MDD are insomnia, fatigue, cognitive problems, and difficulty concentrating. Antidepressants work best for depressed mood, suicidal ideation, and psychomotor retardation.
- Redefining our expectations of the treatment plan
  - Patient-Centered Therapy approach: Reasonable to establish therapeutic relationship at first appointment without other expectation.
  - Providing therapeutic optimism, reflective listening, empathy, open-ended questions without medication is an appropriate treatment strategy.

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Adherence

- Adherence is what the patient agreed at their appointment.
- Some non-adherence is expected:
  - Prevalence of non-adherence to antipsychotics ranges from 20 to 89 percent for patients with schizophrenia or bipolar disorders
- Forgetting to take medication is the most frequent reason for non-adherent behavior.
- Less than 20% adherence is active deviation from prescribed medication scheme (change the dose, skip a dose, take less than instructed).
- Higher age, full time employment, part time or vocational training, higher level of global functioning, **more social support** are positively associated with adherence.

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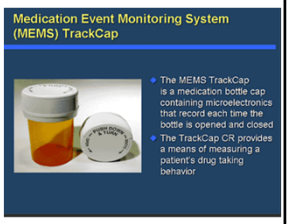
Tools for measuring medication adherence

- Direct observation
- Using pill counts
- Medication Event Monitoring Systems (MEMS)
- Medical records
- Medication dispensing records
- Pharmacological and biochemical markers [20]



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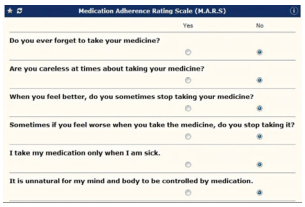
Medication Adherence Rating Scale (M.A.R.S)

- Study supports validity and reliability measuring serum concentrations against self-report questionnaires



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Medical diagnoses in the differential

- Infections: tuberculosis, lyme disease, neurosyphillis, hepatitis C, and HIV.
- Low vitamin D, B12, testosterone
- Sleep disorders: Sleep apnea
- Thyroid disorders

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Conclusion

- Perceptions and perspectives matter, they influence how each player sees the purpose of the interview and treatment planning.
- Think in multidimensions when performing interviews
- Don't underestimate family, medical, or social history.
- Be active in the interview, follow a basic formula
- Options for more training exist: such as SCID and micro expression training.
- Your job is to assign value to information, spending time on the areas which need the most light.

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Thank you and questions

Practice isn't the thing you do once your good. Its the thing you do that makes you good.

-Malcom Gladwell.

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