• Psych interview includes components of a regular medical hx plus:
  • Past Psychiatric History
  • Substance abuse
  • Social History should include:
    • Abuse history - physical, sexual, emotional abuse
    • Forensic history – incarcerations, active cases
  • Developmental history
  • Collateral history
Mental Status Exam:

- **Appearance**: observe gait, posture, clothing, grooming
- **Attitude**: Is the patient cooperative? Hostile? Apathetic? Defensive? Focused vs easily distracted?
- **Behavior**: Eye contact, psychomotor activity, mannerisms, compulsions
- **Speech**: Quantity, rate, volume/tone, rhythm and fluency
- **Mood:** “in patient's own words” - response to "How are you feeling?" (Think climate - how the patient feels most days)

- **Affect:** outwardly observable emotional reactions. Describe range (restricted, broad), congruence with thought content, appropriateness, fluctuations (i.e. labile), intensity (flat, blunted, normal) (Think weather - how the patient feels from moment to moment)

- **Thought process:** flow and coherence of thought. Linear, goal-directed, circumstantial, tangential, loose associations, etc. [Link](http://depts.washington.edu/psyclerk/secure/mentalstatusexam.pdf)

- **Thought content:** logical, paranoid, etc
• **Suicidality/homicidality:** ask the patient if they feel like hurting themselves/others

• **Perception:** sensory disturbances (AVH)

• **Cognition:** alert, awake, oriented

• **Insight/judgment:** ability to recognize a problem and understand its severity
The Psych Ward-

- Safety
- Dress code
- Structure of a day-
  - Interdisciplinary AM rounds
  - Treatment team meetings
  - Community meetings
  - Groups
  - Individual psychotherapy
  - Codes
Studying

- Read
  - DSM V

- MCQ’s

- Review books