Figure 2.1. Process of Psychiatric examination and Diagnostic Interview

Step 1: Introduction, identifying the situation and potential emergency

Focus: Circumstances of admission, voluntary/involuntary? Reasons of hospitalization, urgency? Is there any somatic or behavioral condition that need immediate attention?

Techniques: quick, but polite examinations, questions somatic examination for emergency conditions systematic risk assessment for immediately dangerous behavior



Step 2: warming-up the diagnostic interview

Focus: establishing good doctor-patient relationship (rapport) getting to know the patient reducing patient's anxiety and help her/him to open-up Techniques.: empathetic, friendly communication active, attentive listening frequent reassurances instead of listening

Step 3: diagnostic interview

Focus:

chief complaints, onset and development of symptoms, patient interpretation and priority history of illness, previous psychiatric treatments important life events, evaluation of psychiatric status, provisional diagnosis,

immediately dangerous behavior risk estimation

Techniques:

open questions and summarizing feedacks to let the patient talk freely as long as possible attentive listening, systematic assessment of the observable signs of the mental functions (thinking, perception, emotional funcions, motor disturbances etc) closed questions at the end to clarify the missing details

Ending the interview

discussing the further planned examinations and treatment

Emergency intervention

Figure 2.3.1. Consciousness functions and related symptoms

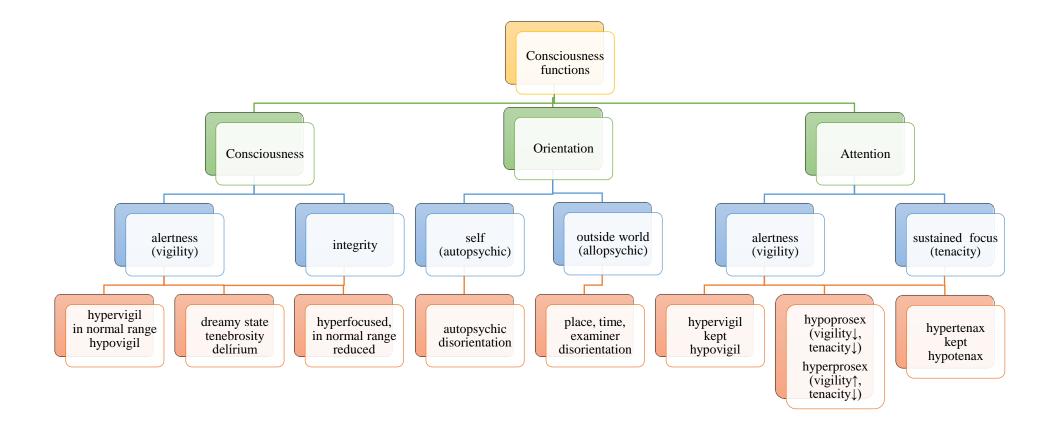


Figure 2.3.2. Perception and related symptoms

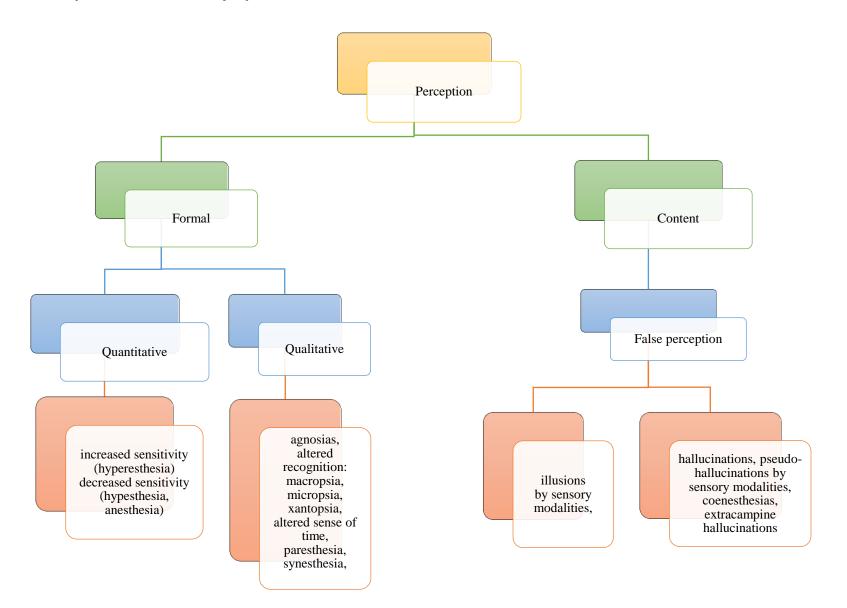


Figure 2.3.3. Cognitive functions and related symptoms

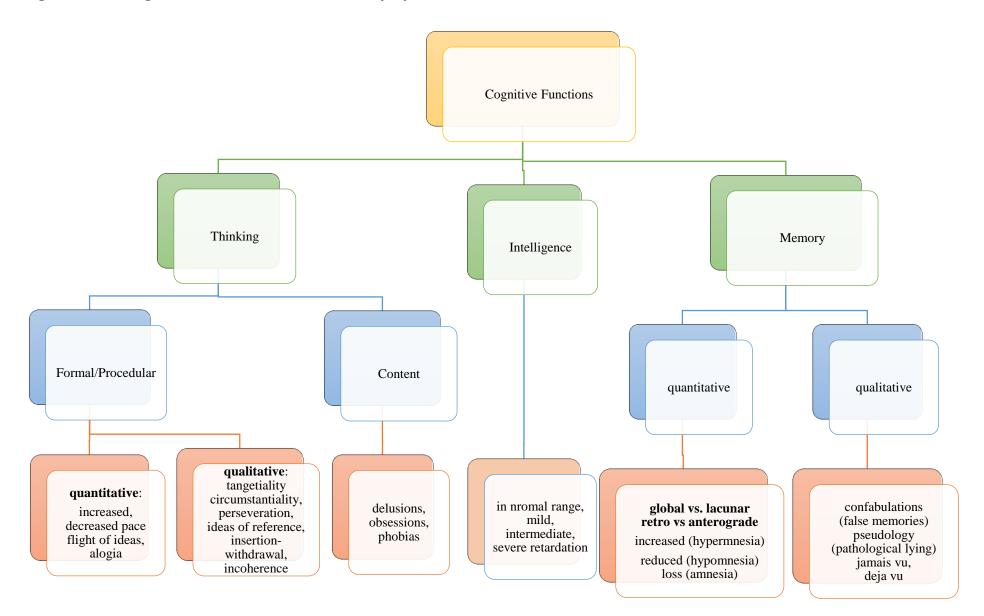


Figure 2.3.4. Affective (emotional) functions and related symptoms

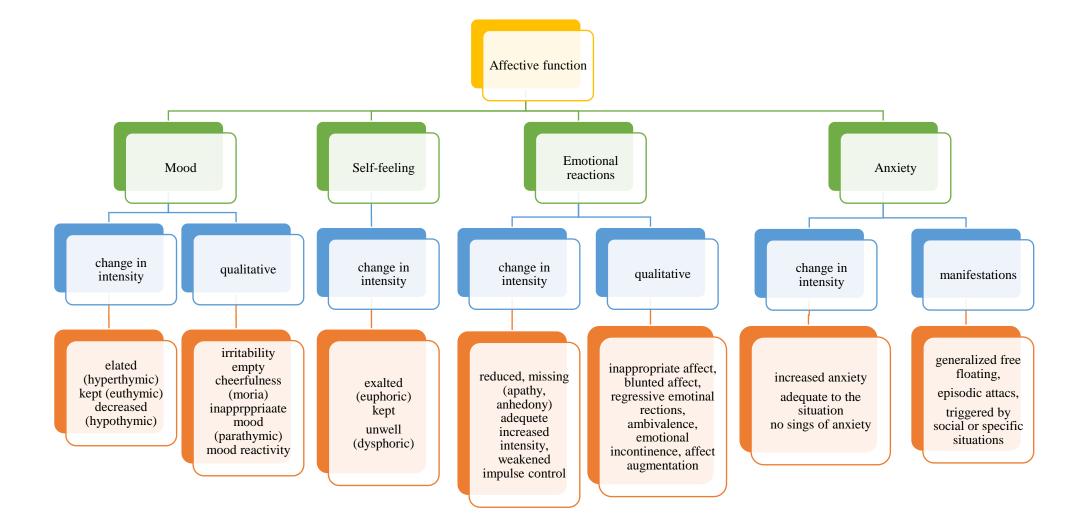


Figure 2.3.5. Volition/response functions and related symptoms

