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# Interviewing Techniques for the Psychiatric Interview

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(This fact sheet is derived from *The Psychiatric Interview*, 5<sup>th</sup> ed., Daniel Carlat, Wolters Kluwer, 2023.)

## Introduction

In order to efficiently conduct a psychiatric interview, there are some basic interviewing skills you will develop to ensure you are getting valid information in a time-efficient manner. This fact sheet reviews some of the major techniques seasoned clinicians use.

- **Validity Techniques:** Elicit valid information about sensitive topics
- **Content enhancement:** Increase content from reluctant/quiet/shy patients
- **Content control:** Decrease content from overly talkative/expressive patients

## Validity techniques

- Normalization
  - Normal reaction to experiences, eg., *With all the stress you've been under, I wonder if you've been drinking more (or cutting, or getting angry at people etc)*
  - You've seen other patients react that way: *I've talked to a number of patients who've said they get so depressed that they have strange experiences like hearing voices.*
- Symptom Expectation
  - *What sorts of drugs do you normally use when you're drinking?*
  - *What have you done to harm yourself in the past?*
- Symptom Exaggeration
  - *How many nips of vodka do you have per day? 10? 15?*
  - *How many times each day do you think about suicide?*
- Reduction of guilt
  - *Have you ever been in situations where fights occurred and you were affected?*
- Use familiar language
  - *Do you get high?* Instead of *Do you smoke marijuana?*
- Changing topics sensitively
  - Smooth transition: *Speaking of anxiety, have you noticed that you've had panic attacks?*
  - Referred transition: *Earlier, you mentioned....*
  - Introduced transition: *Now I'd like to switch gears and ask about....*

## Content enhancement techniques

These techniques are helpful for patients who need encouragement to provide more information. Helpful for people who are withdrawn, shy, reluctant to reveal information, have negative symptoms of mental illness etc....

- Open ended questions: *What kinds of symptoms do you have when you are depressed?*
- Gentle commands: *Tell me what kinds of symptoms you've had.*
- Continuation techniques:
  - Expressions: *Go on. Uh huh. Really? Continue with what you were saying about....*

- Repeating the last few words.
  - *I usually just sit around the house.*
    - *You usually sit around the house and....?*
  - *I watch TV or talk to my roommate.*
    - *You talk to your roommate about...?*
- Enhancing recall
  - Anchor questions to memorable events
    - Eg., *do remember what you were doing when you graduated from high school? Where you depressed then? Drinking a lot?*
    - Birthdays, graduations, accidents, illnesses, major purchases, public events (eg., 9/11, Jan 6 Capitol attack)
  - Tag questions with examples (multiple choice questions)
    - List possible antidepressant medications

### **Content control (redirection) techniques**

For patients who are overly expressive, talkative, or tangential to the extent that you will be unable to obtain relevant information for your assessment. Helpful for patients who are manic or have racing thoughts due to anxiety.

- Closed ended and multiple choice questions
  - Rather than "how have you been sleeping?"
    - Yes or no: *Have you been sleeping normally?*
    - Numerical answers: *How many hours do you sleep?*
    - Multiple choice: *Have you been sleeping more than normal, less than normal, or a normal amount?*
- Gentle interruptions (redirecting)
  - Empathic interruption: *I can tell that's been a tough situation. Have you been drinking more to cope?*
  - Delaying interruption: *I can see this situation has been difficult, and I'd like to talk about that a bit later. Right now I need to ask you about some of your signs of depression....*
  - Educating interruption: *I'm sorry but I need to interrupt because we have a lot of ground to cover....*