

# THE INITIAL INTERVIEW: TRAPS, ROADBLOCKS, STRATEGIES & SOLUTIONS

Presenter: Shawn Christopher Shea, MD

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## About the Speaker

Shawn Christopher Shea, MD  
Director, Training Institute for Suicide Assessment  
and Clinical Interviewing (TISA)  
[www.suicideassessment.com](http://www.suicideassessment.com)  
(603) 763-0536

### *Commercial Associations*

- Publishers: Elsevier, Wolters Kluwer, and Mental Health Presses

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## Purpose of Therapy

To soften the suffering of our client  
using our very best skills.

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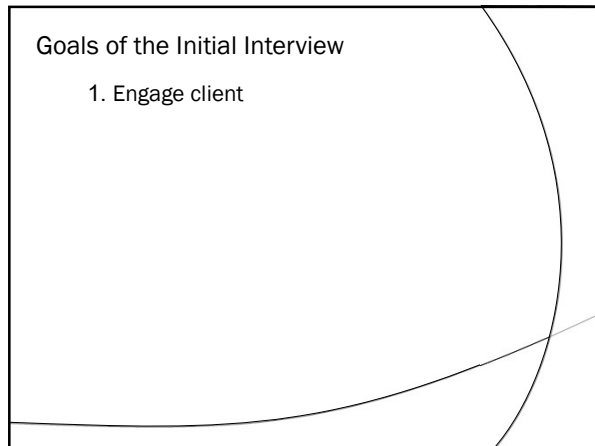
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Goals of the Initial Interview

1. Engage client



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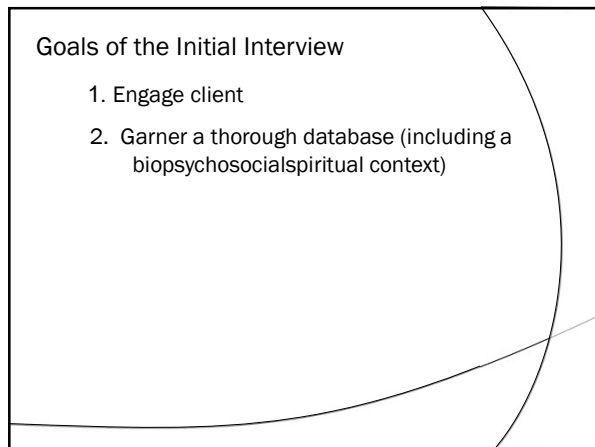
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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)



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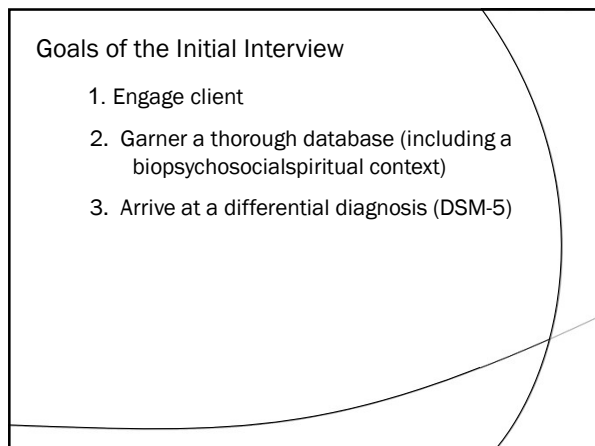
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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)

3. Arrive at a differential diagnosis (DSM-5)



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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)

3. Arrive at a differential diagnosis (DSM-5)

4. Provide strategic interventions

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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)

3. Arrive at a differential diagnosis (DSM-5)

4. Provide strategic interventions

5. Develop a collaborative treatment plan

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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)

3. Arrive at a differential diagnosis (DSM-5)

4. Provide strategic interventions

5. Develop a collaborative treatment plan

6. Ensure the client returns

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Ensure the client returns

a) Generate hope

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Ensure the client returns

a) Generate hope

b) Communicate expertise

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Goals of the Initial Interview

1. Engage client

2. Garner a thorough database (including a biopsychosocialspiritual context)

3. Arrive at a differential diagnosis (DSM-5)

4. Provide strategic interventions

5. Develop a collaborative treatment plan

6. Ensure the client returns

a) Generate hope

b) Communicate expertise

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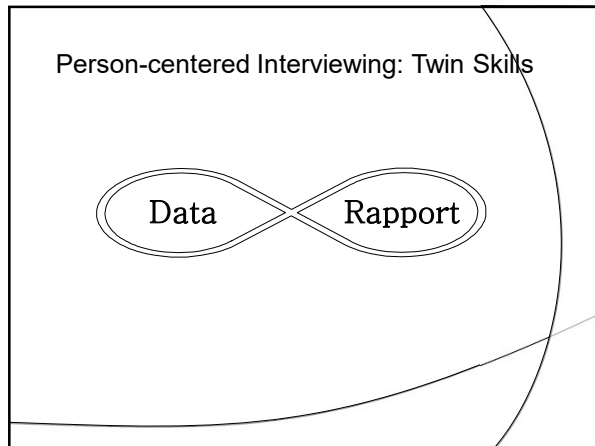
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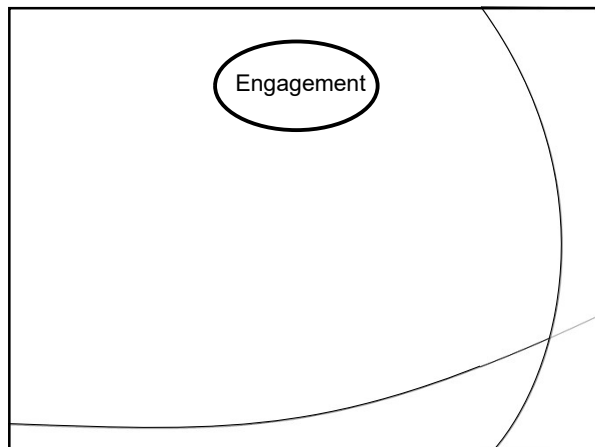
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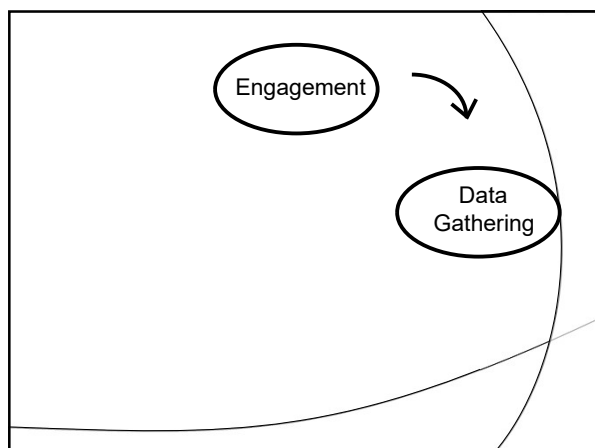
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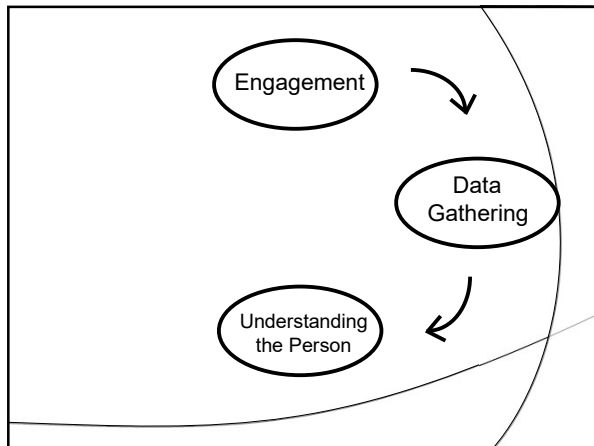
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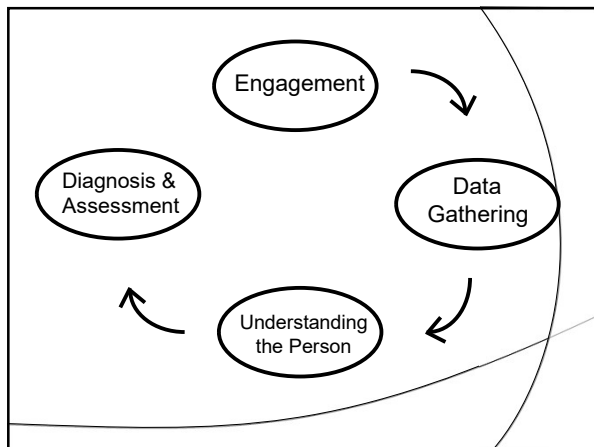
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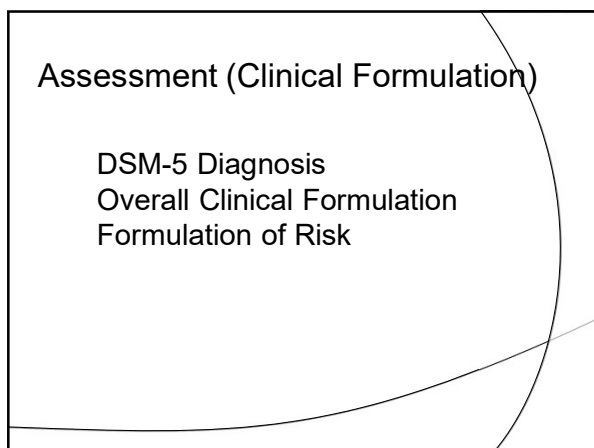
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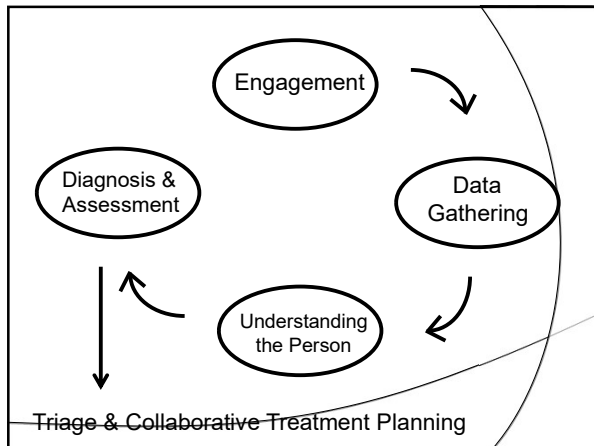
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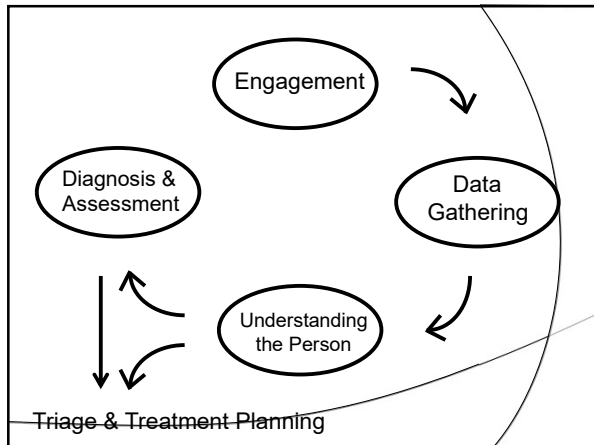
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“It is much more important to know what sort of patient has a disease than to know what sort of disease a patient has.”

Sir William Osler, MD

Shea, S.C.: Improving Medication Adherence: How to Talk with Patients About Their Medications. Philadelphia: Lippincott Williams & Wilkins, 2006

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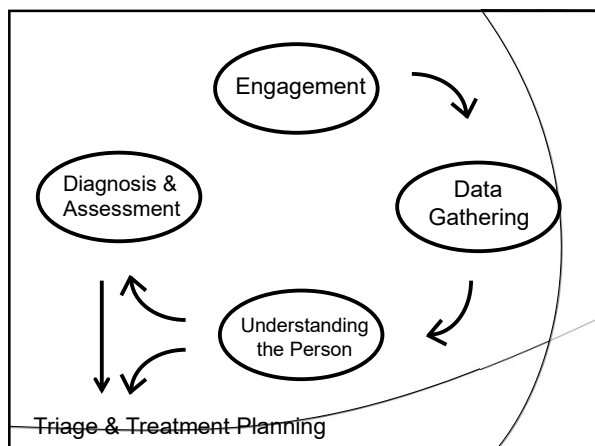
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**Required Database (objective)**

- Identifying information and demographics
- Chief Complaint
- History of the Presenting Illness (HPI) & Presenting Problems
- Other Psychiatric Symptoms
- Past Psychiatric History and Treatment
- Social and Developmental History
- Family History
- Medical History
- Medical Review of Systems
- Mental Status (including elicitation of suicidal ideation, etc.)

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**Required Database (objective)**

- Identifying information and demographics
- Chief Complaint/Chief Solutions
- History of the Presenting Illness (HPI) & Presenting Problems
- Other Psychiatric Symptoms
- Past Psychiatric History and Treatment
- Social and Developmental History
- Family History
- Medical History
- Medical Review of Systems
- Mental Status (including elicitation of suicidal ideation, etc.)

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## DSM-5 Diagnoses

Schizophrenia Spectrum and other Psychotic Disorders

Mood Disorders (including major depressive disorders, bipolar disorders, etc.)

Anxiety Disorders

Obsessive-Compulsive and Related Disorders

Trauma/Stress-Related Disorders (includes acute stress disorder, PTSD, adjustment disorders, etc.)

Dissociative Disorders

Somatic Symptom and Related Disorders (somatic symptom disorder, illness anxiety disorder, conversion disorder, etc.)

Feeding and Eating Disorders

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## DSM-5 Diagnoses (continued)

Substance-Related and Addictive Disorders

Neurocognitive Disorders (delirium, dementia, etc)

Other miscellaneous disorders (gender dysphoria, disruptive and impulse-control disorders, sleep-wake disorders, paraphilic disorders, etc)

Mental disorders due to a general medical condition (e.g., personality change secondary to a frontal lobe tumor, etc.)

V codes and other conditions that may be a focus of clinical attention

All Personality Disorders

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# Facilics

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## Facilics

The study of how interviewers structure interviews, explore topics, transition from one topic to another, and utilize time.

Shea SC & Barney C. (2007) Facilitic supervision and schematics: The art of training psychiatric residents and other mental health professionals how to structure clinical interviews sensitively. *Psychiatric Clinics of North America*, 30(2). Retrieved April 15, 2010, from [www.psych.theclinics.com](http://www.psych.theclinics.com) (follow path to June 2007 issue Clinical Interviewing: Practical Tips from Master Clinicians).

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## Flip Chart Demonstrations

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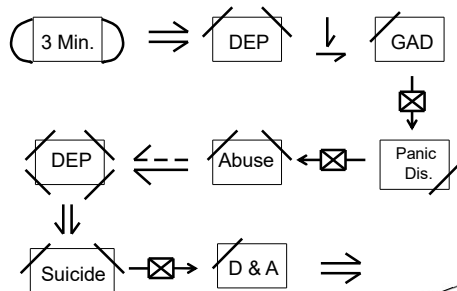
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## Facilic Supervision Schematics



Shea SC & Barney C. (2007) Facilitic supervision and schematics: The art of training psychiatric residents and other mental health professionals how to structure clinical interviews sensitively. *Psychiatric Clinics of North America*, 30(2). Retrieved April 15, 2010, from [www.psych.theclinics.com](http://www.psych.theclinics.com) (follow path to June 2007 issue Clinical Interviewing: Practical Tips from Master Clinicians).

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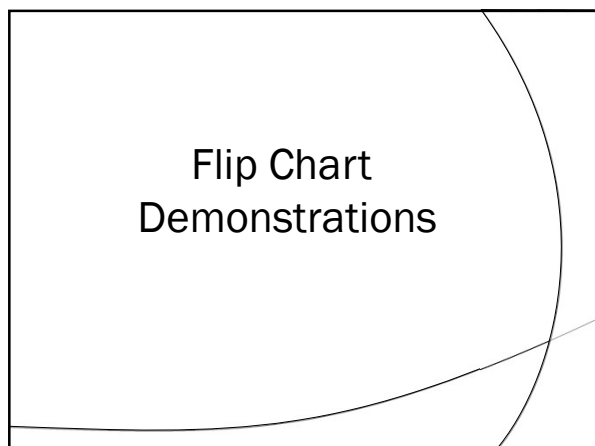
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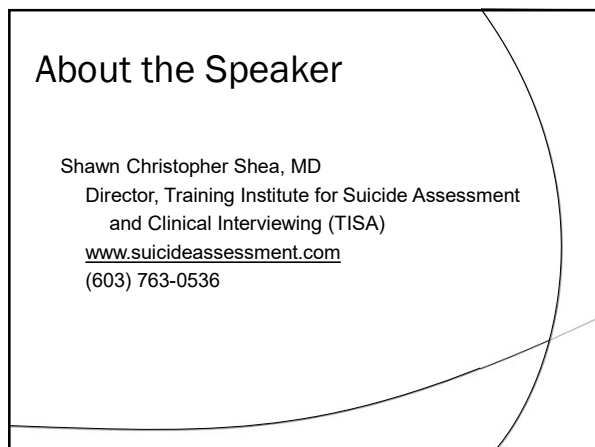
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