

Book Reviews

Psychiatric Interviewing and Assessment. By Rob Poole and Robert Higgo; Cambridge University Press, New York, New York; 2006; ISBN: 0-521-67119-1; \$55 (paperback), 228 pp.

Psychiatric interview and assessment is one of the cornerstones if not *the* cornerstone of psychiatric practice. Psychiatric residents learn the practice (not the art . . . as art cannot be taught) of interviewing mostly from their senior colleagues, and, at times, from various texts. Some of the texts on psychiatric interviewing are part of textbooks, some are books devoted solely to the practice of interviewing and assessing patients, and some texts are solely devoted to preparing candidates to pass the oral board examination. These texts are of varying quality, depth and usefulness, each having their strengths and weaknesses. The newest contribution to the collection of these texts was written by two experienced psychiatrists from Great Britain, Drs. Poole and Higgo (coincidentally, they both were Royal College of Psychiatrists Clinical Tutors and Examiners).

The text is divided into six parts: I. “What am I trying to find?” II. “The main principles of one-to-one interviewing,” III. “The difficult interview,” IV. “Self-awareness,” V. “Out of the clinic,” and VI. “Drawing it all together.”

The first part, dealing with the routine content of psychiatric interview, consists of four chapters—*Diagnosis; History; Mental state examination and psychopathology; and Cognitive state assessment and organic disease*. Though these chapters deal with well-known and frequently reviewed material, the authors make some useful and interesting observations. In the chapter on history taking, they note that people frequently confuse step-siblings with half-siblings and step-parents with foster parents. They also encourage questioning about sexual history and sexual orientation during the initial evaluation, because “the trouble with avoiding the question is that it becomes more difficult to ask later on” (p. 23). The chapter on mental state examination notes that a substantial part of the phenomenological approach to the mental status examination rests on the clinician’s ability to empathize and imagine (p. 31). The authors also suggest that nothing can substitute for sitting and talking “over a cup of tea” (p. 35), as knowing “your patient in more relaxed moments assists in developing a more profound understanding of the nature of mental illness” (p. 35).

The second part contains two chapters focused on *Office-based psychiatric assessment; and Understanding and managing relationships with patients*. As the authors note, the psychiatrists’

and patients’ agendas at the beginning of the interview may be different and may each include items that are explicit and items that are implicit. The chapter on office-based assessment discusses issues such as helping the patient to describe their problem, controlling the interview, non-verbal communication, reassurance, and closing the interview. The very important chapter on understanding and managing the relationship with the patients discusses processes that generate threats to the maintenance of boundaries, such as transference reactions, dependency, identification, breaches of confidentiality, the urge to rescue patients, compromised truthfulness, and abuses of power. It also includes some other dilemmas that commonly arise in clinical situations, such as gifts, humor, self-disclosure, physical contact, contact outside of clinical setting and termination. All these extremely important issues are discussed with clarity and illustrated with thoughtful clinical examples.

The following part reviews difficult interview situations in two chapters, *Difficulties relating to psychosis*, and *Unpopular patients*. The unpopular patients, according to Drs. Poole and Higgo, are the “somatizers,” patients who will not acknowledge that they have recovered, patients who lie, patients who persistently complain, and patients who threaten the doctor.

Another very important set of issues is reviewed in part four in chapters discussing *Values and beliefs, Culture, and Who should I be?* (who should a psychiatrist be). The discussion of values and beliefs points out that, “most psychiatrists have to bite their tongue from time to time” (p. 128) and “have to put their own values to one side in the course of their work and decline to express strongly held views” (e.g., on abortion) (p. 128). The authors also emphasize that, “it is impossible to practice psychiatry effectively unless one has the capacity to understand lifestyles different from one’s own” (p. 130). The chapter on culture makes a point to differentiate between “transcultural exotica” (culture bound syndromes) and cultural awareness first. The chapter further discusses issues such as working with translators (“it is better to postpone an interview than to go ahead with an inadequate or inappropriate translator, as delay is usually less of a problem than getting things wrong,” (p. 136), cross-class subcultural differences (class awareness is clearly more important in the UK than in the US), racism and special minorities (e.g., asylum seekers). The chapter on some personal qualities psychiatrists should have suggests that those qualities are psychological mindedness, curiosity and ability to understand other lifestyles, warmth and non-judgmental attitude (being neutral does not imply being

entirely uncritical, though; p. 143), unflappability, tolerance of uncertainty, ability to maintain boundaries, being streetwise and being aware of “what am I getting out of this?” i.e., some unusual, yet not necessarily pathological motivations (e.g., personal experience of mental illness, psychological voyeurism, fantasies of omnipotence, vicarious care receiving, pseudo-altruism, and displacement of emotional distress). The authors remind the reader that, “To be a psychiatrist you have to like people. Not everyone does.” (p. 143) Drs. Poole and Higgo believe that the mentioned desirable qualities are evident in naturally talented mental health professionals from the day they start training. I would agree with this assertion. They also believe that, “The rest of us have to cultivate these qualities, which is perfectly possible, as long as you know what they are” (p. 142). I am personally less optimistic regarding this issue—we can cultivate these qualities, but the results are usually questionable. The older I get the more I feel that some people either “have it” as Drs. Poole and Higgo suggest, or “do not have it” and not much can be done about it.

The fifth part of the book consists of three chapters on *Interviewing with other team members*; *Interviewing families and other informants*, and *In the community*. The last chapter deals mostly with issues of interviewing some patients at their homes (unusual in the US) and gets to some interesting points, such as the fact that dogs in patients’ homes are usually not “a species of psychiatrist lovers (though some dogs have an erotic interest in psychiatrists’ legs)” (p. 173).

The last part of the book deals with some diverse issues such as *Personality*; *Risk and Safety*; and *Note-keeping, letters and reports*. The discussion of risk assessment and risk factors is again very useful and clear (including issues such as driving), and emphasizes the fact that predicting behavior is difficult. The final chapter starts with a treatise on note keeping and psychiatric charts, very close to my heart. The authors note that, “Once you enter your fifth decade of life, it is very noticeable that nothing is quite as good as it used be. There can be little doubt that this is predominantly an effect of the ageing process, but in two particular areas, it is quite certain that the perception is correct. You eventually reach a point where you, yourself, are nothing like as good as you used to be; and neither are psychiatric records. One day, someone in authority will realize that the quality of case notes cannot be measured by their weight” (p. 208). The authors make a strong case against including an enormous number of forms in charts and emphasize that “the plethora of documents can also give a false impression that everything has been recorded . . . when the opposite is, in fact, the case” (p. 208). In another part of this chapter the authors suggest that paper records will always be with us, that they will never totally disappear (computers crash, suffer from viruses, systems merge, etc.). They also remind us that hard copies of e-mails, faxes, etc. have added to the bulk of paper notes.

Even though this book is predominantly written for a British reader and frequently emphasizes it and points out

differences of the British system compared to other systems, especially the US one(s), I found it very useful and entertaining. It is written with a great sense of humor, lucidity, and without the unnecessary quest for political correctness. The authors’ clinical acumen and experience are obvious. The chapters are straight to the point, well-written, with good clinical illustrations, and with another good feature—the main points of each chapter are at the end of it. The most useful parts of this book—the ones dealing with understanding patients and understanding oneself—are usually discussed in other texts on psychiatric interview. The book is also written from the psychiatrist’s point of view, yet emphasizes the importance of social psychiatry (which went out of fashion a bit). As the authors point out, “social psychiatry is the dominant (though implicit) model for clinical psychiatrists, especially for those who work with deprived populations” (p. 219). I would definitely recommend at least parts of this book as a teaching text for residency programs, and as good clinically oriented reading for the rest of us.

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What Your Patients Need to Know about Psychiatric Medications, by Robert E. Hales, Stuart C. Yudofsky and Robert H. Chew; American Psychiatric Publishing, Inc., Washington, D.C.; 2005; ISBN 1-58562-203-6; \$59.95 (paperback, spiral bound); 356 pp. (+CD ROM).

We live in times of information, patient rights, openness, and also suspiciousness about medications in general and psychotropic medications in particular. Considering this mixture, one would expect patients asking numerous questions about medications. Yet, as the authors of this volume, Drs. Hales, Yudofsky and Chew point out, patients ask less frequently than one would expect and think about many more questions when they get home. Drs. Hales, Yudofsky and Chew state that, after pondering this paradox, they came up with several reasons for it—patient’s anxiety in the doctor’s office, possibly impaired attention and concentration due to psychiatric disorder, stigma/resistance/denial, patient skepticism about the efficacy of medication, complexity of brain functioning and medication action, and finally physicians’ limited time. Thus, as several other authors before, they wrote a book for patients called “What Your Patients Need to Know about Psychotropic Medication.” Many readers will sigh “oh, another patient cookbook . . .” However, this book is different from other patient-oriented books. It is a book to be used by psychiatrists to inform their patients about specific psychotropic medications.

The book consists of comprehensive information sheets about various psychotropic medications, which could be either copied or printed out, as the book includes a