

**The Psychiatric Interview:
Evaluation and Diagnosis**

by Allan Tasman, MD; Jerald Kay, MD; and Robert J. Ursano, MD. Wiley-Blackwell, New York, NY, 2013, 194 pages, \$74.95 (hardcover).

The authors have created a dynamic, succinct handbook encompassing the psychiatric interview that is a tour de force. Although several books have expounded on this topic over the last 50 years, the authors have succeeded in compressing into 194 pages the major precepts that apply to this most significant function of psychiatric clinical work. The volume is a compendium of the most salient concepts and processes in the complicated conceptual framework of our most important clinical tool. This effort has been enhanced by the clarity and thoroughness of the presentations and complemented by case material to illustrate the ideas and concepts for the reader. Definitions are redefined by clinical vignettes that show graphically what the authors are attempting to convey. Tables summarize key concepts. When one completes the book (and it is essential to read the last chapter), one has taken a schematized tour through the process and management of the psychiatric interview. The value of this clinical tool in understanding and diagnosing mental states is underscored by the fact that in the newest diagnostic taxonomy—the *DSM-5* (2013)—not one biological marker exists for any of the major psychiatric disorders: diagnosis relies in the main on the product of the comprehensive psychiatric interview.

Tasman, Kay, and Ursano have brought an important distinction to the clinical interview in the era of digitalization and the electronic health record: a minimal and an expanded database. Especially for the novice in psychiatric interviewing, this concept is key in understanding how to modify the database required to accomplish assessment and documentation. The authors also address the many schools of thought that now contribute to our understanding of human behavior. They take up the complex issues of assessment of primitive and more mature defenses, transference, countertransference, and the behavior necessary for therapists, such as abstinence, respect for autonomy, confidentiality, and the establishment and maintenance of the therapeutic alliance. Finally, the emphasis on formulation, one of the most difficult tasks to learn and practice, is essential. It is the function that medical students, residents, fellows, and even attending physicians find most

challenging. Yet, it is the summation of the psychiatric interview. So often a psychiatrist finishes training without the ability to formulate and pull all the pieces together in a dynamic and practical summation to propose the most appropriate intervention(s). Given the steep learning curve for residents in developing successful case formulations, the book fills an important gap from interview to formulation. How do we accomplish active listening? The authors bring this to life with examples using analogies, metaphors, similes, and symbols. And how do we translate *manifest* communications into an understanding of *latent* conflicts?

The presentations regarding children, adolescents, geriatric patients, and medically ill patients are very brief and may do a disservice to those wanting to know more about interviewing techniques for these circumscribed patient groups. These are complicated cohorts, and specialized approaches including carefully defined data sets are needed to perform a complete and satisfactory psychiatric assessment. We also question the advisability of therapist disclosure (p 58) and whether it is necessary to promote and advance the interview and therapeutic alliance, even when used most cautiously. The reader might benefit from understanding the dilemma of dual responsibilities, eg, in transplantation, where allegiance to the patient and to social justice (the best choice for a scarce resource) may confront each other. Forensic issues are also an important concern for such an important primer.

It would be helpful for future editions to include videos of interviewing techniques, particular case vignettes, conflictual encounters, and mistakes commonly seen when performing a psychiatric interview. It is important to note that the table of *DSM-IV* axes is outdated, given that the new *DSM-5* taxonomy eliminates the conceptual framework of the axes.

We highly recommend this text to every psychiatric resident, and it is a superb review for their teachers. Other mental health disciplines can surely benefit as well from this carefully crafted handbook of the psychiatric interview.

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