

The First Interview, 4th ed

by James Morrison, MD. Guilford Press, New York, NY, 2014, 369 pages, \$50.00 (trade cloth).

This wonderful book guides a new mental health practitioner or student through the process of an initial interview with a patient. It is written in a supportive and conversational style, making the reader feel almost as though Dr Morrison is sitting in the room and serving as a wise advisor and mentor. Early in the book, Morrison defines his audience: “Addressed primarily to beginners, it emphasizes the basic material that clinicians of all mental health disciplines need to know. I hope that experienced clinicians will also find this book a helpful review” (p 3). Morrison’s fourth edition of *The First Interview* has been retooled to accommodate the new DSM-5 terminology, but otherwise appears quite similar to the prior edition, published in late 2007.

Many helpful examples are given of how to frame questions to serve a number of important purposes—getting the right information, of course, but also establishing rapport and being therapeutic. Offering ways to word questions so that they are useful to the practitioner and nonthreatening to the patient is invaluable. Included is a very helpful chapter that deals with sensitive subjects including suicidal behavior, violence, substance misuse, sexual history, and sexual abuse, encouraging a straightforward and nonjudgmental approach. The biopsychosocial framework is emphasized, helping the reader to see the patient/client not as a diagnostic entity, but as a person with a set of problems or symptoms that need to be woven together into a tapestry of diagnostic formulation, care, and treatment planning.

Another useful feature the author incorporates is the reasoning behind why certain questions should be asked or particular behaviors noted and what they can yield in the course of the mental status examination. For example, in assessing motor activity, the reader is asked to observe for excessive activity such as fidgeting, jiggling the leg, or pacing. In italics, the author explains 3 potential causes for this behavior (akathisia, anxiety, and restless legs syndrome).

That said, this book could also be a bit overwhelming for someone trying to learn mental health interview technique. The author emphasizes that it is quite important to ask about all diagnostic symptom clusters, as well as obtain a personal, family, and medical history in some detail. Frankly, if a person were to attempt to get all the information that the author is suggesting as part of “the first interview,” it would most likely be a several-hours-long endeavor. The title of the book, therefore, is a bit misleading.

While the author does suggest that the interviewer may want to get some information from the patient and then consult the text to proceed to the next information-gathering encounter (an excellent way for the early learner to utilize this book), the sheer quantity of information is a bit daunting. Nonetheless, in a perfect world, this information is, in fact, what we would want to learn, if time allowed, about every patient we see.

In addition to the interview technique itself, Morrison offers several chapters that provide excellent guidance about gathering collateral data from family or other third parties (emphasizing getting the patient’s consent, but also indicating when it is appropriate or necessary to speak to others to provide appropriate care); dealing with challenging behaviors such as vagueness, hostility, lying, confusion, and potential violence; sharing the information about diagnosis and recommendations with the patient; and communicating the findings of the interview to others, particularly writing a report. Finally, the author closes the book with a chapter entitled “Troubleshooting Your Interview,” reassuring the reader that no one conducts a perfect interview every time and that most interview situations that go awry can be retrieved.

Six useful appendices are included: a summary (checklist) of what should be in the initial interview; a brief description of selected psychiatric disorders; a sample interview accompanied by the way in which the information gathered from that interview should be put into a written report, along with a formulation (mostly framed as a differential diagnosis and treatment plan); an example of a semistructured interview; a rating scale to assess an interview; and a list of additional resources including books, articles (which are annotated), and references used in the preparation of the book.

Many psychiatric and mental health interviewing textbooks exist. This one is especially helpful to those early in the process of learning to interview because of its rich use of examples of how questions can be phrased and its reasoning about why particular data need to be gathered, but especially its warm, supportive way of guiding the learner on the journey of truly getting to know a patient well.

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