Top 25 High-Yield Psychiatry Patterns for Step 1

DIAGNOSIS • TREATMENT • TOXICITY • BEHAVIOR

Question-tested cutoffs, presentations, treatments, and traps you keep seeing.

How to use this guide: Start with How It's Tested. Those mini-stems are written to make you recognize common question setups. Then read What You Need to Memorize for the facts that get the question right, and Don't Miss for the common trap.

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1. Depression, Suicide & Grief

Tested Concept: MDD / suicide risk / postpartum syndromes / psychotic depression

How It's Tested

- *At least **2 weeks** of depressed/irritable mood or anhedonia with neurovegetative symptoms and impairment asks for major depressive disorder; children may present with **irritability**, somatic complaints, and **falling grades**.*
- *Active suicidal ideation with a plan and access to means requires hospitalization; a **prior suicide attempt** is the strongest risk factor for suicide.*

What You Need to Memorize

- Persistent depressive disorder = depressed mood with **at least 2 symptoms** for **at least 2 years**; a major depressive episode requires at least 2 weeks. (PDD: 2 Ds, 2 symptoms, 2 years)
- Postpartum blues begins within days and resolves **within 2 weeks**; persistent, severe, or impairing symptoms suggest postpartum depression.
- Psychotic depression is treated with an antidepressant plus an antipsychotic or electroconvulsive therapy; ECT is preferred when rapid response is needed.
- After a first depressive episode, continue medication for about **6 months after response**; recurrent, chronic, or severe illness needs longer or indefinite maintenance.

Don't Miss

★ **Bereavement does not exclude MDD: pervasive sadness or anhedonia, hopelessness or worthlessness, and suicidality favor major depression over normal grief.**

2. Antipsychotics, EPS & NMS

Tested Concept: acute dystonia / akathisia / tardive dyskinesia / neuroleptic malignant syndrome

How It's Tested

- *Painful neck, jaw, or extraocular muscle spasm soon after a potent D2 blocker asks for **acute dystonia**; new inner restlessness and inability to sit still asks for akathisia.*
- *Fever, altered mental status, autonomic instability, **lead-pipe rigidity**, and **elevated CK** after dopamine blockade asks for neuroleptic malignant syndrome.*

What You Need to Memorize

- Acute dystonia → diphenhydramine or benztropine; akathisia → reduce/switch the antipsychotic or use propranolol.
- Drug-induced parkinsonism → benztropine or amantadine; tardive dyskinesia → taper the culprit when feasible or use a VMAT2 inhibitor (valbenazine).
- Risperidone and first-generation agents raise prolactin; olanzapine and clozapine have the greatest metabolic risk; clozapine requires blood monitoring (causes **neutropenia**).
- NMS treatment: stop the antipsychotic, then treat with bromocriptine (D2 agonist) or dantrolene.

Don't Miss

★ **NMS causes lead-pipe rigidity and hyporeflexia; serotonin toxicity causes clonus and hyperreflexia.**

3. Psychosis & Catatonia

Tested Concept: duration cutoffs / schizoaffective disorder / delusional disorder / catatonia

How It's Tested

- ▶ *Psychosis with functional decline for **at least 6 months** asks for schizophrenia; 1-6 months asks for schizophreniform disorder; 1 day to less than 1 month asks for brief psychotic disorder with **full return to baseline**.*
- ▶ *One fixed delusion for at least 1 month with preserved function and **no negative symptoms** asks for delusional disorder.*

What You Need to Memorize

- Schizoaffective disorder requires at least **2 weeks of psychosis without a mood episode** during the illness.
- Catatonia causes immobility, mutism, negativism, posturing, or echolalia; treat with **lorazepam** and ECT.
- **Family psychoeducation** reduces relapses; long-acting injectable antipsychotics are used with nonadherence.
- Schizophrenia requires indefinite maintenance antipsychotic therapy after stabilization.

Don't Miss

★ **Psychosis confined to manic or depressive episodes is a mood disorder with psychotic features, not schizoaffective disorder.**

4. Antidepressants & Serotonin

Tested Concept: drug selection / SSRI effects / discontinuation / serotonin toxicity

How It's Tested

- ▶ *Depression with hypersomnia, weight gain, low energy, or sexual dysfunction points toward **bupropion**; insomnia with weight loss points toward mirtazapine.*
- ▶ *Agitation, autonomic instability, and **clonus or hyperreflexia** after combining serotonergic drugs asks for serotonin toxicity.*

What You Need to Memorize

- An adequate antidepressant trial is at least **4-6 weeks at a therapeutic dose** before switching for nonresponse.
- SSRIs commonly cause early nausea, headache, insomnia or activation and later sexual dysfunction or weight gain; taper short-half-life agents (paroxetine) to prevent discontinuation symptoms.
- Venlafaxine causes dose-dependent **hypertension**; bupropion **lowers the seizure threshold** and is contraindicated in seizure and eating disorders.
- Serotonin toxicity → stop serotonergic agents and give benzos; switching to or from an MAOI requires a 2-week washout.

Don't Miss

★ **New decreased need for sleep, grandiosity, or pressured speech after an antidepressant/stimulant is mania: stop the drug and evaluate for bipolar disorder.**

5. Anxiety Disorders

Tested Concept: panic / generalized anxiety / social anxiety / specific phobia

How It's Tested

- ▶ *Recurrent **unexpected** panic attacks plus at least 1 month of anticipatory worry or avoidance asks for panic disorder.*
- ▶ *Persistent worry across multiple domains asks for GAD; fear of scrutiny asks for social anxiety; fear of one object or situation asks for specific phobia.*

What You Need to Memorize

- Panic disorder, GAD, and social anxiety are treated long-term with CBT plus an SSRI/SNRI.
- Specific phobia is treated with **exposure therapy**.
- Performance-only social anxiety is treated with propranolol.
- Benzodiazepines provide rapid short-term relief but should be avoided when substance-use risk is high and **in elderly**.

Don't Miss

★ **A panic attack can occur in many disorders; panic disorder specifically requires unexpected attacks plus persistent concern or maladaptive behavior change.**

6. Capacity, Ethics & Safety

Tested Concept: decision-making capacity / confidentiality / involuntary care / lethal means

How It's Tested

- ▶ *Before accepting refusal of treatment, assess the ability to communicate a choice, **understand, appreciate, and reason**.*
- ▶ *Suicidal or homicidal risk with firearm access requires immediate confiscation of the firearm.*

What You Need to Memorize

- A capacitated adult may refuse life-sustaining treatment even when the choice seems unwise.
- Confidentiality can be breached for imminent danger or serious self-harm; involve an adolescent in the disclosure plan when possible.
- For intimate partner violence, interview privately, assess immediate danger, validate the patient, and create a **safety plan**.

Don't Miss

★ **Orientation and understanding facts alone do not prove capacity; appreciation means understanding consequences.**

7. Medical & Neurologic Mimics

Tested Concept: endocrine mimics / medication effects / Wilson disease / structural lesions

How It's Tested

- ▶ ***Abdominal pain*** *with neuropathy and episodic psychiatric symptoms asks for acute intermittent porphyria; adolescent male psychosis with tremor or parkinsonism asks for Wilson disease.*
- ▶ *New anxiety with palpitations and sweating calls for thyroid testing; episodic headache, hypertension, and diaphoresis points to pheochromocytoma.*

What You Need to Memorize

- **Glucocorticoids** can cause depression, mania, anxiety, or psychosis; reduce or stop the steroid when feasible.
- Multiple sclerosis can present or worsen postpartum; suspected disease requires MRI showing periventricular lesions.
- Parkinson medications can cause psychosis; reduce the offending drug first, then consider pimavanserin, quetiapine, or clozapine.
- New psychiatric symptoms with focal neurologic deficits require brain imaging for a structural lesion.

Don't Miss

★ **Abnormal vital signs, focal deficits, abdominal pain, or a new medication should push medical and substance causes ahead of a primary psychiatric diagnosis.**

8. Bipolar Disorder & Mania

Tested Concept: mania vs hypomania / bipolar depression / drug-induced mania / maintenance

How It's Tested

- ▶ *Decreased need for sleep, grandiosity, pressured speech, increased activity, and risky behavior with marked impairment, hospitalization, or psychosis asks for* ***mania****.*
- ▶ *Major depression plus hypomania without psychosis or marked impairment asks for bipolar II; any true manic episode establishes bipolar I.*

What You Need to Memorize

- Hypomania causes a clear change from baseline but no marked functional impairment, hospitalization, or psychosis.
- Acute severe mania usually needs an antipsychotic plus a mood stabilizer; bipolar depression can be treated with quetiapine, lurasidone, lithium, or an anticonvulsant.
- Bipolar disorder requires indefinite maintenance therapy.
- Antidepressants and stimulants can precipitate mania.

Don't Miss

★ **Borderline mood shifts are rapid, reactive, and chronic; bipolar episodes are distinct sustained periods lasting days to weeks.**

9. Dementia & Delirium

Tested Concept: acute confusion / dementia patterns / Lewy body sensitivity / reversible mimics

How It's Tested

- ▶ *Acute, fluctuating inattention and altered awareness with visual hallucinations asks for **delirium**, not a primary psychotic disorder.*
- ▶ *Insidious memory loss points to Alzheimer disease; early behavior and executive change points to frontotemporal dementia; **early hallucinations**, fluctuations, and parkinsonism point to Lewy body dementia.*

What You Need to Memorize

- Lewy body dementia causes severe sensitivity to dopamine-blocking antipsychotics.
- Rapidly progressive dementia with myoclonus suggests Creutzfeldt-Jakob disease; CSF 14-3-3 may be elevated and death often occurs within a year.
- Medication review and hearing evaluation are early treatment steps because anticholinergics and hearing loss can mimic cognitive decline.

Don't Miss

★ **Depression can produce reversible cognitive impairment; prominent depressive symptoms, variable effort, and frequent "I do not know" responses favor pseudodementia.**

10. Trauma & Stressor Disorders

Tested Concept: acute stress disorder / PTSD / adjustment disorder / trauma treatment

How It's Tested

- ▶ *Nightmares, avoidance, irritability, dissociation, and hyperarousal lasting **3 days to 1 month** after trauma asks for acute stress disorder; symptoms beyond 1 month ask for PTSD.*
- ▶ *Emotional or behavioral symptoms within 3 months of a stressor that do not meet criteria for another disorder ask for adjustment disorder.*

What You Need to Memorize

- Trauma-focused CBT is first-line for PTSD; SSRIs and SNRIs are also first-line.
- **Prazosin** reduces PTSD-related nightmares.
- Acute stress management begins with normalization and education; severe or persistent symptoms benefit from trauma-focused CBT.

Don't Miss

★ **ASD and PTSD require a qualifying trauma plus characteristic symptom clusters; adjustment disorder follows a stressor without the full trauma syndrome.**

11. Personality Disorders

Tested Concept: borderline / avoidant vs schizoid / cluster distinctions / OCPD

How It's Tested

- *Unstable relationships, identity disturbance, impulsivity, recurrent self-harm, anger, and splitting asks for **borderline personality disorder**.*
- *Avoidant patients want relationships but fear rejection; schizoid patients prefer solitude and feel little desire for intimacy.*

What You Need to Memorize

- Borderline personality disorder is treated with **dialectical behavior therapy**.
- Antisocial personality disorder requires rights violations and lack of remorse; conduct-disorder is antisocial for people <18.
- Paranoid personality disorder is pervasive mistrust without psychosis; schizotypal personality disorder is eccentricity and magical thinking without psychosis.
- OCPD is ego-syntonic perfectionism, orderliness, and control; OCD requires true obsessions or compulsions.

Don't Miss

★ **Rapid reactive mood lability and abandonment fears favor borderline personality disorder; sustained decreased need for sleep and increased goal-directed activity favor bipolar mania.**

12. Normal Development & Attachment

Tested Concept: magical thinking / separation and stranger anxiety / adolescence / attachment

How It's Tested

- *Magical thinking, imaginary friends, and elaborate pretend play are normal between 2-7 years old; stranger anxiety peaks around 8-9 months and separation distress is common at 9-18 months.*
- *Increasing privacy, peer orientation, and limited rule testing with intact school, work, relationships, and safety are usually normal adolescent autonomy.*

What You Need to Memorize

- The adolescent personal fable and sense of invulnerability cause underestimation of pregnancy, injury, and substance risks.
- Brief, intermittent, distractible sexual curiosity can be normal; explicit age-inappropriate sexual acts raise concern for abuse.
- Nocturnal enuresis is developmentally normal before age 5 when daytime continence and development are normal.
- Reactive attachment disorder follows severe neglect and causes emotional withdrawal with little seeking or response to comfort.

Don't Miss

★ **Poor attention following, absent eye contact, need for routine, or repetitive behavior warrants autism evaluation.**

13. ADHD, Autism & Learning

Tested Concept: two-setting ADHD / autism clues / language disorder / Fragile X and dyslexia

How It's Tested

- ▶ *Persistent inattention and/or hyperactivity-impulsivity beginning in childhood, impairing function, and occurring in **at least 2 settings** asks for ADHD.*
- ▶ *9-year old student with clear hyperactivity symptoms requires **parent and teacher evaluations** before treatment.*

What You Need to Memorize

- Stimulants are first-line for school-aged ADHD; atomoxetine is used if parents have addiction concerns.
- Language disorder impairs comprehension or production; dyslexia selectively impairs reading with preserved development.
- Fragile X syndrome = FMR1 CGG expansion, long face, **large ears**, macroorchidism, and intellectual disability.
- Autism may become obvious only when school-age social demands exceed the child's compensatory abilities.

Don't Miss

★ **Obesity, snoring, and daytime sleepiness can make obstructive sleep apnea look like ADHD; obtain a sleep study before labeling the behavior primary ADHD.**

14. Benzodiazepines & Anticholinergics

Tested Concept: benzodiazepine intoxication and withdrawal / barbiturates / TCA toxicity / anticholinergic syndrome

How It's Tested

- ▶ *Abrupt benzodiazepine cessation causing anxiety, tremor, autonomic activation, perceptual changes, delirium, or seizures asks for benzodiazepine withdrawal.*
- ▶ ***Hot, dry, flushed skin** with mydriasis, tachycardia, urinary retention, and delirium asks for anticholinergic toxicity.*

What You Need to Memorize

- Taper chronic benzodiazepines; older adults are especially vulnerable to confusion, ataxia, falls, paradoxical agitation, and rebound anxiety.
- Barbiturate overdose causes profound CNS and respiratory depression with **hypotension**.
- TCA overdose causes anticholinergic toxicity, seizures, and **QRS widening**; QRS greater than 100 msec is an indication for sodium bicarbonate.
- Obtain an ECG early in anticholinergic poisoning because many culprit drugs also prolong QRS or QTc.

Don't Miss

★ **Anticholinergic toxicity is hot and dry; sympathomimetic intoxication is usually diaphoretic.**

15. Somatic, Factitious & Conversion

Tested Concept: somatic symptom / illness anxiety / conversion and PNES / factitious vs malingering

How It's Tested

- ▶ *Prominent physical symptoms plus excessive anxiety, checking, or healthcare use asks for somatic symptom disorder; fear of disease with minimal symptoms asks for illness anxiety disorder.*
- ▶ *Neurologic symptoms incompatible with neuroanatomy ask for conversion disorder; asynchronous seizure-like activity without a postictal period requires **EEG** for PNES.*

What You Need to Memorize

- Factitious disorder = intentional symptom production for the sick role without obvious external reward.
- Malingering = intentional symptom production for secondary gain.
- Dissociative identity disorder involves distinct personality states plus amnesia; dissociative amnesia is isolated loss of autobiographical memory.
- For somatic symptom disorder, acknowledge that symptoms are real, communicate reassuring test results, and use **consistent scheduled follow-up**.

Don't Miss

★ **Somatic symptom and conversion disorders are not consciously produced; factitious disorder and malingering are intentional.**

16. Tics & Disruptive Disorders

Tested Concept: Tourette syndrome / ODD vs conduct disorder / DMDD / impulse-control disorders

How It's Tested

- ▶ *Multiple motor tics plus at least one vocal tic that wax and wane asks for Tourette syndrome.*
- ▶ *Argumentative defiance without major rights violations asks for ODD; aggression, theft, truancy, or major rule violations asks for conduct disorder.*

What You Need to Memorize

- Tourette treatment includes alpha-2 agonists and 2nd-gen antipsychotics; **ADHD and OCD** are common comorbidities.
- ODD is treated first with parent management or parent-child behavioral therapy.
- Disruptive mood dysregulation disorder causes **persistent irritability** plus severe recurrent outbursts; escalating violence or weapon use requires stabilization.
- Intermittent explosive disorder causes **unplanned aggression** out of proportion to the provocation.

Don't Miss

★ **Conduct disorder violates others' rights; antisocial personality disorder requires age 18 or older plus conduct symptoms before age 15.**

17. Stimulants, Cannabis & PCP

Tested Concept: sympathomimetic intoxication / stimulant withdrawal / methamphetamine / PCP and cannabis

How It's Tested

- ▶ *Agitation, **psychosis**, mydriasis, diaphoresis, **tachycardia**, hypertension, and hyperthermia asks for stimulant intoxication.*
- ▶ *Violence, analgesia, hypertension, hyperthermia, and **horizontal or vertical nystagmus** asks for PCP intoxication.*

What You Need to Memorize

- Stimulant intoxication is treated first with benzodiazepines.
- Chronic methamphetamine use causes skin picking, weight loss, and **severe teeth issues**.
- Cocaine withdrawal causes depression, fatigue, **hypersomnia**, and **hyperphagia**.
- Cannabis intoxication causes **conjunctival injection**, dry mouth, tachycardia, increased appetite, anxiety, or paranoia.

Don't Miss

- ★ **Manic symptoms plus diaphoresis, mydriasis, hypertension, or marked weight loss favor stimulant use over primary bipolar disorder.**

18. Sleep & Circadian Disorders

Tested Concept: parasomnias / OSA / narcolepsy / restless legs / circadian delay

How It's Tested

- ▶ *Screaming in the **first third** of the night with autonomic arousal, difficulty awakening, and **no memory** asks for a sleep terror; REM nightmares are remembered.*
- ▶ *Violent dream enactment with preserved recall asks for REM sleep behavior disorder due to loss of REM atonia.*

What You Need to Memorize

- Obstructive sleep apnea causes snoring, daytime sleepiness, and morning headaches; diagnose with polysomnography.
- Narcolepsy = excessive daytime sleepiness, **cataplexy**, sleep paralysis, and hypnagogic or hypnopompic hallucinations.
- Restless legs causes an evening urge to move relieved by movement; check ferritin and replace **iron** when low.
- Delayed sleep-wake phase disorder causes late sleep and wake times but normal sleep when the preferred schedule is allowed.

Don't Miss

- ★ **REM behavior disorder in an older adult can precede neurodegenerative disease; childhood sleep terrors are usually benign.**

19. Alcohol Use & Withdrawal

Tested Concept: withdrawal timing / delirium tremens / Wernicke-Korsakoff / relapse prevention

How It's Tested

- ▶ *Tremor, diaphoresis, tachycardia, hypertension, and agitation after stopping alcohol asks for withdrawal; delirium, hallucinations, and autonomic instability at **48-96 hours** asks for delirium tremens.*
- ▶ *Confusion, ophthalmoplegia or nystagmus, and gait ataxia in heavy alcohol use asks for Wernicke encephalopathy.*

What You Need to Memorize

- Alcohol withdrawal and delirium tremens are treated with benzodiazepines.
- Give thiamine before glucose when Wernicke encephalopathy is possible.
- Naltrexone reduces alcohol reward and craving but requires an opioid-free patient without significant liver disease; acamprosate is another first-line option.
- Korsakoff syndrome causes chronic amnesia and confabulation after thiamine deficiency.

Don't Miss

★ **Do not treat delirium tremens with antipsychotic monotherapy; benzodiazepines are the lifesaving treatment.**

20. Mood Stabilizers

Tested Concept: lithium toxicity / nephrogenic DI / valproate toxicity / lamotrigine rash

How It's Tested

- ▶ *GI symptoms, confusion, **ataxia**, **tremor**, or seizures after dehydration or a thiazide, ACE inhibitor, or NSAID asks for **lithium toxicity**.*
- ▶ *Any new rash while taking lamotrigine requires immediate discontinuation because of Stevens-Johnson syndrome.*

What You Need to Memorize

- Long-term lithium can cause **nephrogenic diabetes insipidus, hypothyroidism, chronic kidney disease, and hyperparathyroidism**.
- Dehydration and sodium loss increase proximal lithium reabsorption; maintain stable salt and fluid intake.
- Valproate can cause **hepatotoxicity** and hyperammonemic encephalopathy and should be avoided in pregnancy when safer maintenance options exist.
- Lithium is renally excreted and should be avoided in significant renal dysfunction.

Don't Miss

★ **A fine action tremor can be a lithium side effect; worsening tremor with GI symptoms, confusion, or ataxia suggests toxicity.**

21. OCD, BDD & Related Disorders

Tested Concept: obsessions and compulsions / exposure-response prevention / body dysmorphia / hoarding and hair pulling

How It's Tested

- ▶ *Intrusive, recurrent, ego-dystonic thoughts plus repetitive acts performed to reduce anxiety asks for **obsessive-compulsive disorder**.*
- ▶ *Preoccupation with a slight or nonexistent appearance flaw plus checking, comparison, or camouflage asks for body dysmorphic disorder.*

What You Need to Memorize

- OCD is treated first-line with an SSRI and CBT using exposure and response prevention.
- BDD is treated with an SSRI and CBT; cosmetic procedures should be avoided.
- Hoarding disorder is treated with CBT; trichotillomania causes irregular patches with broken hairs of different lengths.

Don't Miss

- ★ **Obsessions are intrusive and unwanted; delusions are fixed beliefs. Poor insight can occur in BDD, but appearance-focused rituals still point to BDD.**

22. Sexual Health, Gender & Abuse

Tested Concept: sexual dysfunction / gender dysphoria / sexual assault / child sexual behavior

How It's Tested

- ▶ *Ejaculation within seconds with distress asks for premature ejaculation; involuntary pelvic-floor spasm asks for vaginismus.*
- ▶ *Persistent distress or impairment from incongruence between gender identity and assigned gender asks for gender dysphoria.*

What You Need to Memorize

- SSRIs prolong ejaculatory latency and are first-line pharmacotherapy for premature ejaculation (**paroxetine**).
- Preserved nocturnal erections favor psychogenic erectile dysfunction; dysfunction during masturbation as well as partnered sex favors an organic cause.
- Gender nonconformity alone is not gender dysphoria; provide nonjudgmental support and multidisciplinary care.
- After sexual assault, do not force the victim to report and offer psychosocial counseling.

Don't Miss

- ★ **Normal childhood sexual curiosity is brief, intermittent, and distractible; explicit age-inappropriate sexual acts raise concern for abuse.**

23. Opioids: Use, Overdose & Withdrawal

Tested Concept: toxidrome / naloxone / maintenance therapy / withdrawal management

How It's Tested

- ▶ *Sedation or coma, **bradypnea**, hypotension, and **pinpoint pupils** asks for **opioid intoxication**; respiratory depression is the immediate threat.*
- ▶ *Mydriasis, **lacrimation**, **yawning**, diarrhea, **myalgias**, and hyperactive bowel sounds asks for opioid withdrawal.*

What You Need to Memorize

- Treat overdose with naloxone; opioid overdose can recur for 24-48 hours (due to short half-life of naloxone).
- Methadone or buprenorphine maintenance is first-line for opioid use disorder during pregnancy.
- **Clonidine** reduces autonomic withdrawal symptoms.
- Offer take-home naloxone to patients receiving chronic opioids who are at elevated overdose risk.

Don't Miss

★ **Opioid withdrawal is intensely uncomfortable but usually not lethal and does not cause delirium; alcohol and benzodiazepine withdrawal can be fatal.**

24. Eating & Feeding Disorders

Tested Concept: anorexia vs bulimia vs binge eating / medical instability / treatment

How It's Tested

- ▶ *Low body weight, fear of weight gain, and distorted body image asks for anorexia nervosa; recurrent bingeing with compensation at normal or high weight asks for bulimia nervosa.*
- ▶ *Recurrent binge eating with loss of control and distress but **no compensatory behavior** asks for binge-eating disorder.*

What You Need to Memorize

- Hospitalize anorexia nervosa for unstable vital signs, dysrhythmias, electrolyte derangements, or severely low body weight.
- **Always check labs**. A young female with bradycardia, hypotension, and hair loss has anorexia.
- Bulimia nervosa is treated with CBT and **fluoxetine**.
- Self-induced vomiting causes parotid enlargement, dental erosion, pharyngeal irritation, hand calluses, and **hypochloremic, hypokalemic** metabolic alkalosis.

Don't Miss

★ **Binge-purge anorexia and bulimia both use compensatory behaviors; significantly low body weight identifies anorexia nervosa.**

25. Communication & Defense Mechanisms

Tested Concept: validation / motivational interviewing / open-ended questions / mature and immature defenses

How It's Tested

- ▶ *With a frightened, psychotic, or resistant patient, acknowledge the emotion without endorsing the belief and use a nonthreatening open-ended question.*
- ▶ *In motivational interviewing, asking about readiness evokes **change talk**; denying any problem is precontemplation.*

What You Need to Memorize

- Displacement redirects emotion toward a safer target; reaction formation converts an unacceptable impulse into its opposite.
- Intellectualization strips emotion from a distressing event; altruism manages distress through helping others.
- After delivering bad news, ask what the patient or family understands and what questions they have.
- Empathic validation is always the first step.

Don't Miss

★ **Do not argue with a delusion or confront resistance prematurely; validate the experience, maintain boundaries, and invite the patient to explain.**