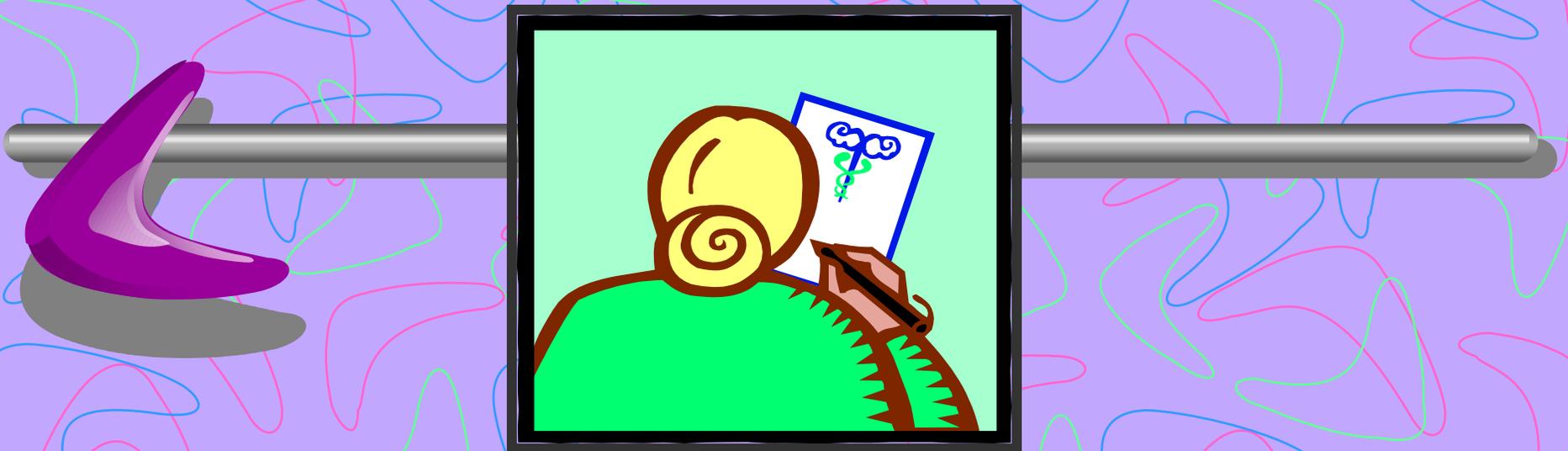
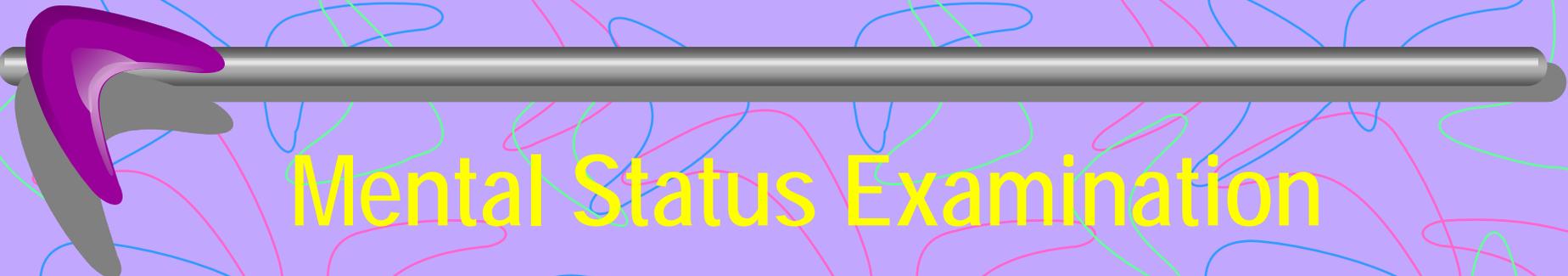


PSYCHIATRIC MENTAL STATUS EXAMINATION



Jerry L. Dennis, M.D.
Medical Director, ADHS/DBHS



Mental Status Examination

- **General Considerations**
 - Based on Observations During the Assessment Process
 - Spontaneity vs. Careful Questioning
 - Function of MSE Outline
 - MSE in Context of Age and Developmental Level, Past History, Presenting Issues, and Categories of Behavioral Health Disorders



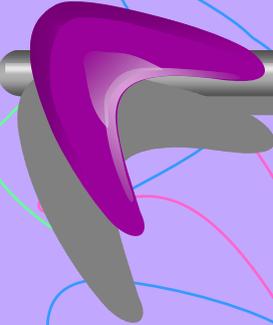
Mental Status Examination

- Evaluation of mental functioning at a point in time
- Examiner interprets the meaning of the client's communication, verbal and non-verbal
- Rapport: The foundation of the assessment
- Examiner's Observational Skills: essential



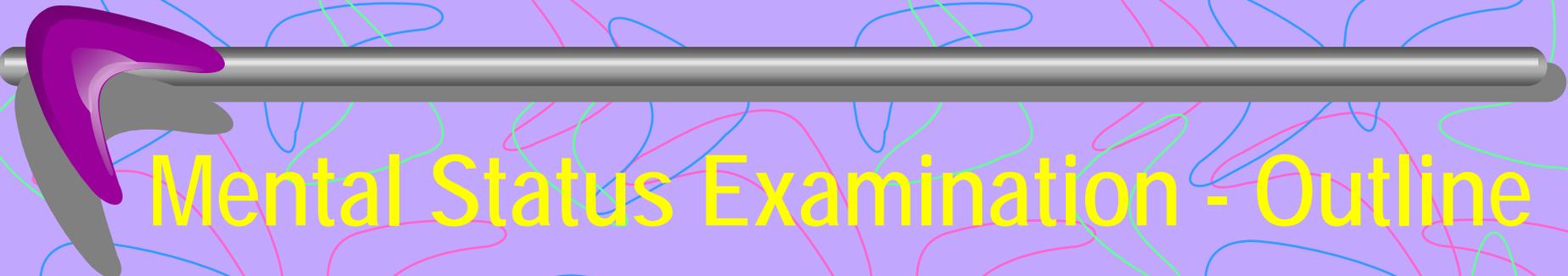
Establishing Rapport:

- Welcome The Client
- State Purpose of the Meeting
 - Privacy
- Basic Human Comforts
- Calming and Respectful Demeanor
- Encourage Open Communication
- Acknowledge and Validate Client's Distress/Concerns



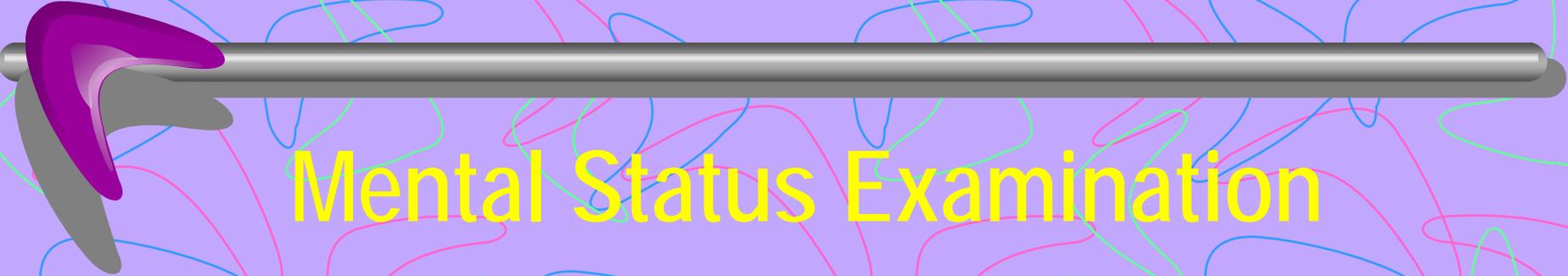
Mental Status Examination

- Ask Open Ended Questions
- Allow the Client to Explain Things In His/Her Own Words
- Encourage the Client to Elaborate and Explain
- Avoid Interrupting Client
- Guide the Interview As Necessary
- Avoid Asking "Why?" Questions
- Listen and Observe For Cues From Client



Mental Status Examination - Outline

- I. Appearance, Attitude, Behavior, and Social Interaction
- II. Motor Activity
- III. Mood
- IV. Affect
- V. Self Concept



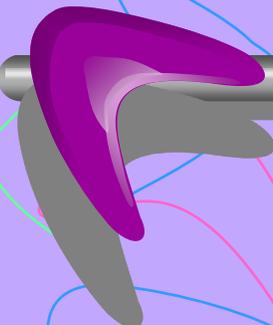
Mental Status Examination

VI. Speech

VII. Thought Processes

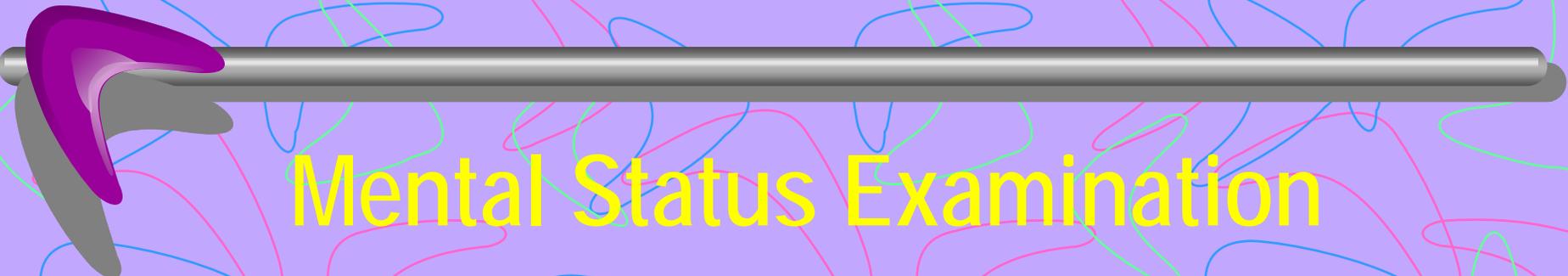
VIII. Thought Content

IX. Intellectual Functioning



Mental Status Examination

- **Intellectual Functioning**
 - Sensorium (Orientation)
 - Memory (Recent, Remote, Retention and Recall)
 - Intellectual Capacities (General Information and Fund of Knowledge, Calculations, Abstraction and Comprehension)
 - Estimated Intelligence



Mental Status Examination

X. Judgment and Impulse Control

XI. Insight



I. Appearance, Attitude, Behavior, and Social Interactions:

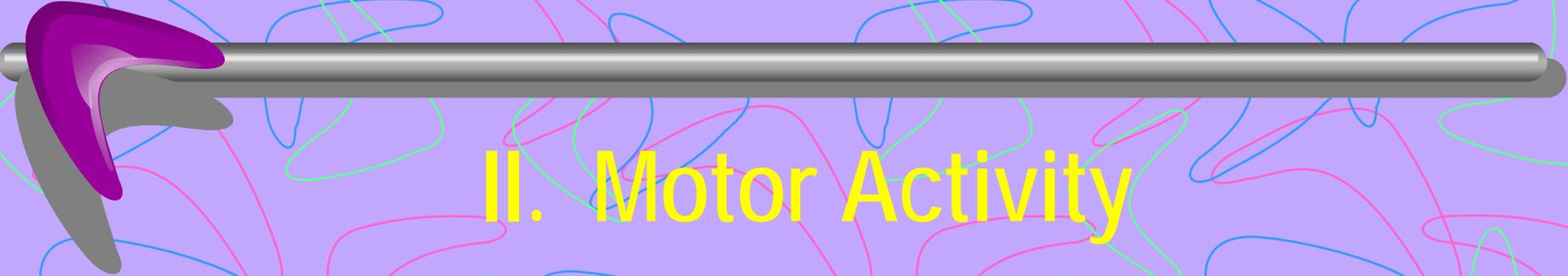
Use descriptive terms to record:

- A. Attitude toward the interview situation
- B. Rapport and attitude toward the interviewer and Involved Others
- C. Dress
- D. Posture
- E. Facial Expressions



I. Appearance, Attitude, Behavior, and Social Interactions (Children)

- Dress
- Ease in Separation
- Manner In Relating
- Attention Span
- Speech and Language



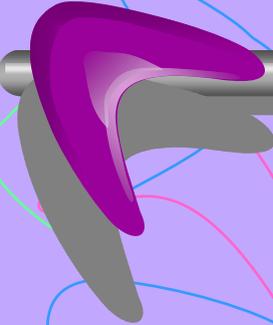
II. Motor Activity

- Describe the types and quality of motor activity observed:
 - Orderly, calm, agitated,
 - Restless, hypoactive
 - Tics, mannerisms, tremors, convulsions,
 - Ataxia,
 - Akathisia



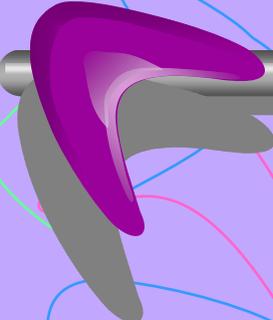
II. Motor Activity (Children)

- Observe for:
 - Gross and Fine Motor Coordination
 - Hyperactivity



III. Mood

- Sustained Emotional State; Overall General Mood
 - Relaxed, Happy, Anxious, Angry,
 - Depressed, Hopeless, Hopeful,
 - Apathetic, Euphoric, Euthymic (Normal/Even Mood),
 - Elated, Irritable, Fearful, Silly



IV. Affect

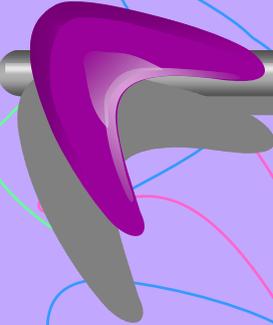
- Outward Expression of Person's Current Feeling State
- Mood and Emotional Reactions:
 - Subjective and Objective Assessment

Describe: Euthymic (normal), elevated, expansive, elated, aloof, blunted, flat, inappropriate, labile depressed, indifferent, perplexed, dramatic, sarcastic, apathetic, bewildered, anxious



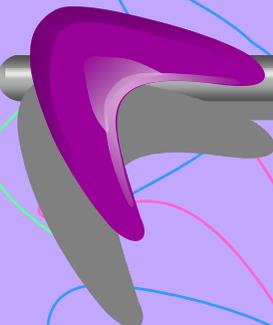
Mood and Affect in Children

- **Fantasies, Feelings, and Inferred Conflicts**
- **Nonverbal Clues to Feelings**
- **Clues to Depression**
- **Suicidality**
- **Anxiety**



V. Speech

- Describe:
 - Mute, Talkative, Articulate,
 - Normally Responsive, Rapid, Slow,
 - Slurred, Stuttering,
 - Loud, Whispered, Mumbled,
 - Spontaneous, Stilted,
 - Aphasic, Repetitive



VI. Thought Process

Stream of Thought, Talk, and Mental Activity

A. Form:

Conversational, Spontaneous, Logical, Relevant, Pertinent, Concise, Verbose, Circumstantial, Tangential/Derailed, Rambling, Repetitive, Confusing, Perseverating, Illogical, Incoherent, Irrelevant, Verbigeration, Word Salad, Echolalia, Mutism, Wealth or Poverty of Associations, Loose Associations, Alogia, Flight of Ideas



VII. Thought Process

B. Rate:

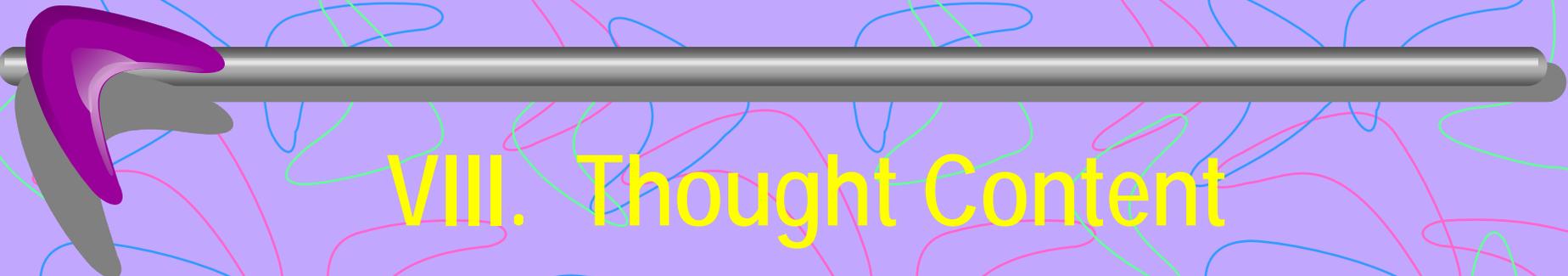
**Accelerated, Rapid, Pressured,
Normal, Slowed, Hesitant,
Interrupted,
Blocking**



VII. Thought Process

C. Language:

Humorous, witty, ironical, punning,
rhyming, alliterative, clang
associations, neologisms, autistic,
derealistic, nihilistic, loose
associations



VIII. Thought Content

- A. Selective Attention
- B. Over-determined Attitudes
- C. Preoccupation or Exaggerated Concern
- D. Distorting or Ignoring Reality



VIII. Thought Content

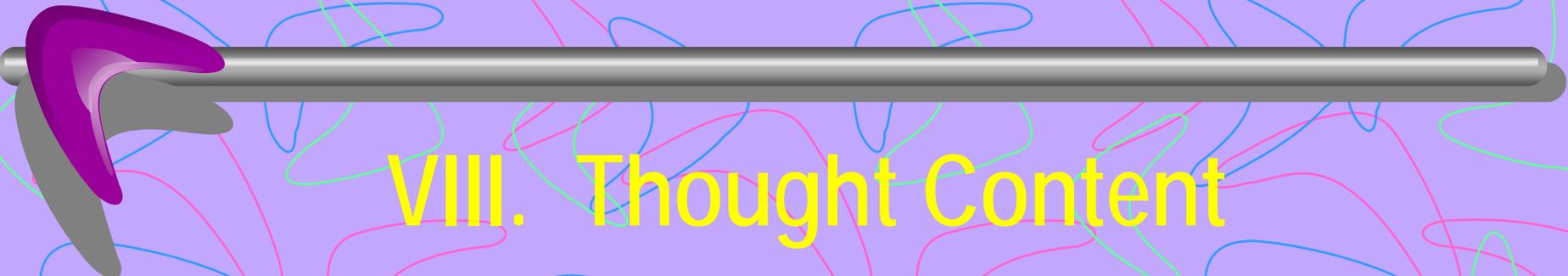
A. Selective Attention:

Main themes or subject areas of focus

B. Over-determined Attitudes:

Prejudices and biases

Self-confidence



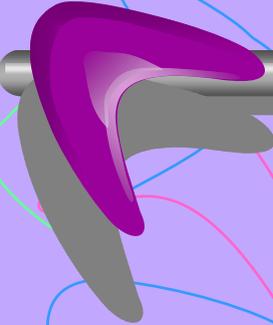
VIII. Thought Content

C. Preoccupations and Exaggerated Concerns:

Obsessions and Compulsions

Phobias

Hypochondriacal Ideas



VIII. Thought Content

D. Distorting or Ignoring Reality:

Illusions: Sensory experience with some reality basis

Ideas of Reference: Everything refers back to you

Hallucinations: Sensory experience with no reality basis

Delusions: False beliefs that cannot be dispelled by reason



VIII. Thought Content

Hallucinations:

Auditory

Visual

Gustatory: Taste

Olfactory: Smell

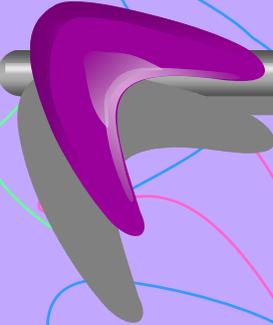
Kinesthetic: Motion

Tactile: Touch



VIII. Thought Content in Children

- **Hallucinations**
 - Auditory Hallucinations
 - Visual hallucinations
 - Distinguishing form Obsessions and Compulsions
 - Imaginary Companions
 - What to Consider When Hallucinations Are Present



VIII. Thought Content

Delusions:

Familiarity (Déjà vu) and unfamiliarity (Jamais vu), depersonalization, unreality, or bewilderment

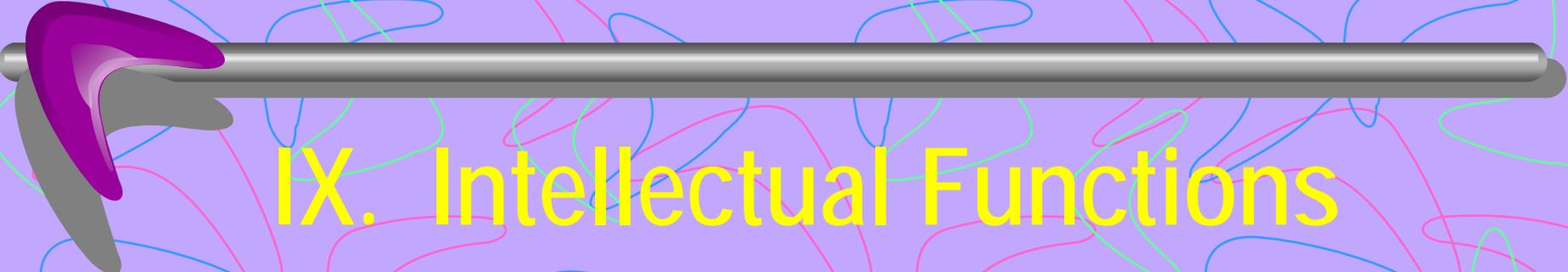
Somatic: body

Self-Condemnatory

Expansive

Submissive

Paranoid or Persecutory



IX. Intellectual Functions

A. Sensorium:

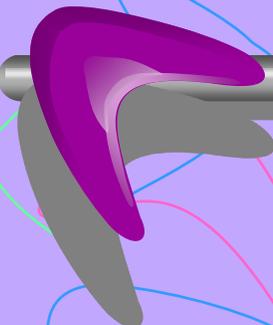
Orientation to:

Person

Place

Time

Situation



IX. Intellectual Functions

B. Memory:

Immediate

Recent

Remote

Retention and Recall

Recall: 3 objects immediately, and
at 5 minutes, 10 minutes

Digit-Span Memory

Visual Memory Span



IX. Intellectual Functions

C. Intellectual Capacity:

General information: Current Events, Geographic Facts, History, Past Presidents

Calculations: Serial 3's or 7's

Abstraction and Comprehension: Comparisons and Differences, Proverb Interpretation



IX. Intellectual Functions

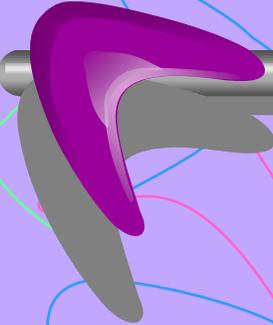
D. Estimated Intelligence:

Below Average

Average

Above Average

Unable to Determine



IX. Intellectual Functioning in Children

- General Vocabulary, Responsiveness, and Comprehension
- Identification of Body Parts
- Drawing ability
- Serial Sevens or Threes
- Memory



IX. Intellectual Functioning in Children

- **Academic/School Performance**
 - Educational History Is Essential
 - Brief Assessment of Reading Problems
 - Brief Assessment of Writing Problems
 - Speech and Language
 - Intelligence



X. Judgment and Impulse Control:

Compare client's judgment and decision making pre-illness and post-onset of symptoms or currently, and ability to plan for the future.

Rate or Specify: Excellent, good, impaired, poor, nil



XI. Insight

Degree of awareness and understanding of one's self and the causes or factors related to the client's current situation or illness

Rate or specify: Full, complete, partial, limited, poor, or nil



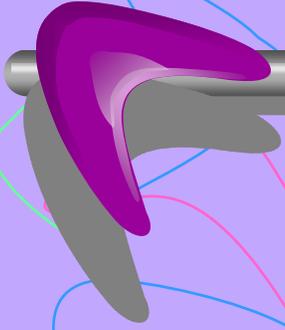
Summary

- **Core Assessment:**
 - Presenting Concerns
 - Behavioral Health/Medical History
 - As Applicable:
 - Criminal Justice
 - Substance Related Disorders
 - Abuse/Sexual Risk Behavior
 - Risk Assessment



Summary

- **Mental Status Examination**
- **Now: Completing the Picture and Developing a Plan**
 - **Clinical Formulation**
 - **Next Steps/Interim Service Plan**



QUESTIONS?

COMMENTS?