

Interviewing Skills, The Mental Status Exam, and Legal

Dawn E. Santos MSN, CNS, NP

Interviewing Skills

- Pay attention to the client's comfort
- Private, quiet setting
- Comfortable and at eye level
- THE PSYCHIATRIC INTERVIEWER MUST BE METICULOUS ABOUT THESE MATTERS !

Interviewing Skills - Remember the Basics :

- Understanding is more important than rigidity
- Don't ask 2 questions at one time
- Open-ended questions
- Don't ask questions calling for negative answers
- Avoid being judgmental
- Ask for clarification

Interviewing Skills

- Don't be afraid to be yourself
- Encourage expression of feelings
- Consider the patient in developmental terms

Some Helpful Hints

- Remember that the client is more scared than you are
- Tell the client what you think he or she is feeling
- Go ahead ask ask the "unaskable"

Some Helpful Hints

- Learn to be quiet
- Pay attention to body language
- Start broadly and focus in
- When the interview bogs down, try repeating the client's last words

The Mental Status Exam

- Purpose – To help gather objective data to be used in determining
 - etiology
 - diagnosis
 - prognosis
 - treatment

The Mental Status Exam

- ALSO.....
- To deal IMMEDIATELY with any risk of violence or harm !

The Mental Status Exam

- It is the present Mental Status of the patient
- P. 160

The Mental Status Exam


- Appearance and behavior
- Mood and affect
- Speech
- Thought process
- Thought content and perception
- Sensorium, cognitive, and intellectual functioning
- Insight and judgment

General Presentation

- Appearance
 - Age, grooming, scars, tattoos, deformities, personal hygiene, body odor, appropriate dress


General Presentation

- Attitude
 - Toward examiner
 - Fearful
 - Hesitant
 - Cooperative
 - Hostile
 - Guarded
 - Evasive




General Presentation

- Behavior and Psychomotor Activity
 - Mannerisms
 - Involuntary movements
 - Nail biting
 - Tapping
 - Psychomotor retardation or agitation
- Eye contact




Psychosis

An extreme response to psychological or physical stressors that affects a person's affective, psychomotor, and physical behavior




Psychosis

Hallucinations,
Delusions,
Disorganized Thinking




Psychosis

- Impairment in reality testing
- Difficulty with differentiating reality from fantasy



Symptoms of Psychosis..Disorganized Behavior

- **Catatonia** – A state of psychologically induced immobilization at times interrupted by episodes of agitation
- **Bizarre Posturing**
- **Waxy Flexibility** – having ones arms or legs placed in a certain position and holding that position for hours



General Presentation

- Echopraxia – mimicking or imitating the movements of another person
- Choreoathetoid Movements – flailing of arms



General Presentation

- Echolalia – Mimicking or imitating the speech of another person



Mood

- A “pervasive and sustained emotion that, in the extreme, markedly colors the person’s perception of the world.”
- Emotions and feelings related to emotions



Mood

- Always assess **THE PATIENT’S** view of his/her emotional experience



Mood

- How are they feeling inside?
- What are your spirits like?
- How would you describe your “mood” to me right now?



Mood

- **Euthymic** – mood in the ‘normal range’, which implies the absence of depressed or elevated mood.
- **Elevated** – an exaggerated feeling of well-being or elation.
- **Expansive** – lack of restraint in expressing one’s feelings, frequently with an overvaluation of one’s importance.
- **Irritable.**



Mood

- Angry.
- Euphoric.
- Apathetic.
- Dysphoric/depressed.
- Apprehensive.

Affect

- Emotional tone that is observed
- Behaviors that convey mood
- An objective manifestation of an experience or emotion accompanying an idea or feeling

Affect

- What you observe !
- Facial expression, gestures, and speech

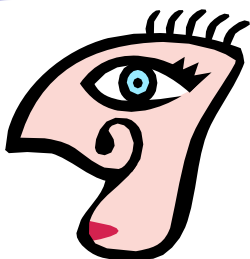
Primary AFFECT

- Blunted – significant reduction in the intensity of emotional expression.
- Labile – abnormal variability in the affect with repeated, rapid, and abrupt shifts in affective expression.

Primary AFFECT

- Flat – absence or near absence of any signs of affective expression.
- Overly dramatic.
- Anguished


Symptoms of Psychosis....



- Flat Affect
 - The absence of emotion or changes in feeling normally evident in facial expressions


Primary AFFECT

- Restricted or constricted – mild reduction in the range and intensity of emotional expression.




Primary AFFECT

- Depressed
- Irritable
- Anxious




Affect RANGE

- How many emotions
- Full range, restricted




Affect LABILITY

- Changes, switches, quickness of changes
- **Seen in MANIA**




Affect INTENSITY

- overly dramatic
- normal




Affect APPROPRIATENESS

- Match to content
- Appropriate, congruent, inappropriate, incongruent




SPEECH

- Rate
- Volume
- Latency of Response
- General Quality and Clarity




SPEECH Rate

- Rapid
- Normal
- Slow
- Pressured




SPEECH Volume

- Loud
- Normal
- Soft
- Mute




SPEECH Latency of Response

- Response is in an appropriate amount of time




Symptoms of Psychosis...

- Alogia
 - Poverty of speech
 - Brief, empty responses
 - Decreased fluency of speech
 - Decreased content of speech




SPEECH General Quality and Clarity

- Articulate
- Hard to understand
- Garbled
- Understandable
- Slurred
- Mumbling
- Anomia – trouble finding words




Disorganized Speech

- Disturbance of Thought Process




Thought PROCESS

How the thoughts FLOW
 ORGANIZATION OF THOUGHTS
 The way mental associations are made



Thought PROCESS


- Coherent
- Linear
- Normal Rate
- Goal Directed
- Organized



Thought PROCESS


Dysfunctions of Association

- Lack of linearity or goal directedness
 - Does not follow a coherent theme




Symptoms of Psychosis...Disorganized Speech

- **Clanging** – meaningless rhyming
- **Word Salad** – Incoherent medley of words or phrases spoken as if it was sensible



Symptoms of Psychosis...Disorganized Speech

- **Neologisms** – words the pt. Makes up that have meaning to them only
- **Thought Blocking** – sudden cessation of thought or speech, stranded without a thought
 - Intrusion of hallucination or delusion????



Symptoms of Psychosis...Disorganized Speech/Association

- **Tangentiality** – when the speaker goes off topic
- **Circumstantiality** – indirectness and delay before getting to the point, caught up in countless details
- Cumbersome
- **Flight of ideas** – A continuous flow of speech in which the person jumps rapidly from 1 topic to another

Thought PROCESS Dysfunctions of Association

- Loose Associations
 - Absence of logical thought progression
 - No connection
- Poverty of Thought
 - Lack of ideation
 - Difficulty forming thoughts

Thought PROCESS Dysfunctions of Thought Production

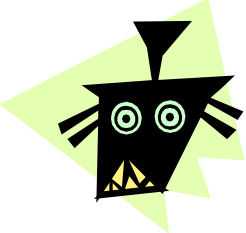
- Perseveration
 - Sticking to one thought, phrase, or word
 - Repeating the same words
 - Despite attempts to change subject
- Concrete Thinking
 - Glass house, spilled milk

Thought PROCESS Dysfunctions of Thought Production


- MUTISM n- no verbal response despite being aware of examiners ?'s
- Neologisms
 - Inventing new words
 - Multi-syllabic
 - Pseudo-scientific

Symptoms of Psychosis...

- Flight of Ideas
 - Overproduction of talk characterized by verbal skipping from one idea to another
 - Rapid overly productive responses
 - Associated by chance
 - Distracted???



Symptoms of Psychosis...



- Ideas of Reference
 - A thought process by which a person believes he/she is the object of environmental attention
 - TV, people talking

Thought PROCESS Dysfunctions of Thought Production

- Echolalia
 - Repeating others speech
 - Phrases ,sentences, or entire conversations

Thought CONTENT and PERCEPTION

- Quality and Quantity of thought
- What are their thoughts
- What is their perception of their environment and world

Thought CONTENT and PERCEPTION

- Are they in control of their thoughts?
- No abnormalities
- Pertinent negatives

Thought CONTENT

- Ideas of Reference
 - False impressions that outside events have special meaning for oneself
- Magical Thinking
 - Normal in children
 - The belief that thinking something will make it occur – lottery winner

Thought CONTENT

- Paranoia
 - Misinterpret things as dangerous

Symptoms of Psychosis....

- Delusion
 - A false belief and disturbance in thinking.
 - Firm convictions and thoughts about the world that are not based on reality.



Symptoms of Psychosis.... Delusion

- Persecution – A belief that one is being singled out for harm by others
- Grandeur – A false belief that one is a very powerful and important person

Symptoms of Psychosis....

Delusion

- Somatic – A false belief that the body is changing in an unusual way
- Jealousy – The false belief that one's mate is unfaithful. May have so-called proof

Symptoms of Psychosis....

- **Thought Broadcasting** – a belief that thoughts can be heard by others
- **Thought insertion** – a belief that thoughts of others are being inserted into them
- **Thought Withdrawal** – a belief that thoughts have been removed from one's mind by outside agency
- **Delusions of being controlled** – by outside agency

Thought CONTENT

- Phobias
 - An intense irrational fear of an object, situation, or place
 - Dominate their life, avoidant of life situations
- Poverty of ideas
 - Vague, abstract

Thought CONTENT

- Preoccupations or obsessions
 - Recurrent ideas that dominate thinking


Thought CONTENT

- Suicidal Ideation
 - Thoughts a person has regarding killing him or herself
- Homicidal Ideation
 - Thoughts a person has regarding killing someone else

Thought Content Perceptual Disturbances

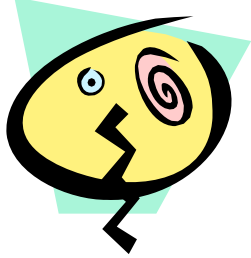
- Hallucinations
 - Perceiving things that are not there
 - Auditory, visual, tactile, olfactory, gustatory

Symptoms of Psychosis....



- Illusion
 - An inaccurate perception
 - Misinterpretation of sensory impressions/something that is really there

Symptoms of Psychosis....



- Loss of Ego Boundaries
 - The inability of the person to perceive the difference between him/herself and others

Thought Content Perceptual Disturbances

- Depersonalization
 - A feeling of detachment from the environment
 - Self estrangement
 - Feeling like one is in a dream
 - Feeling as if they lost their identity
 - Feeling that self is different or unreal
 - Body parts do not belong to them
 - Body part has changed drastically

Thought Content Perceptual Disturbances


- Derealization
 - A false impression of that one's environment has changed, does not seem REAL
 - Everything seems bigger or smaller

COGNITIVE FUNCTION

- Orientation
 - Person
 - Place
 - Time
 - Situation
 - X4?


COGNITIVE FUNCTION

- Level of Awareness
 - Alert
 - Drowsy
 - fluctuating




COGNITIVE FUNCTION

- Attention Span and concentration
- Immediate RECALL
 - Repeat numbers 2 5 4 9 3 forward and backward
 - Serial 7's or 5's
 - Test of simple arithmetic 2+8




COGNITIVE FUNCTION

- Attention Span and concentration
 - Recall 3 items Ball Table House
After 3 minutes repeat




COGNITIVE FUNCTION

- Memory
 - Remote – children's names
 - Recent past – recall of events over the past few months
 - Recent – breakfast, newspaper headlines
 - Immediate – number recall




COGNITIVE FUNCTION

- Speech and Language
 - Choice of words
 - Articulation name parts of watch
follow 2-3 step commands
read out loud



COGNITIVE FUNCTION

- Speech and Language
 - Visual/Spatial
 - Draw a Clock Face
 - Copy Figures



COGNITIVE FUNCTION

- Fund of Knowledge
 - Last Presidents, Governor, State, News
- Abstracting Ability
 - Spilled milk, Rolling Stone, Glass House
 - Similarities fruit, furniture

Cognitive Function..Mini MSE (MMSE)

- P. 165
- Assess the likelihood and level of cognitive decline
- 30 total points

INSIGHT

- Awareness if their illness
- Implications to their life
- Awareness of their problems

JUDGMENT

- Ability to solve problems
- Can they anticipate potential problems?
- Decision making ability
- Letter with a stamp, fire in a theater

IMPULSE CONTROL

- Ability to control impulses related to
 - Aggression
 - Hostility
 - Guilt
 - Affection
 - Sexual feelings
 - When angry
 - Immediate give into desires??????

Behavior and Appearance

- The patient is emaciated and pale looking. She appears older than her stated age of 45. She wears hospital pajamas and her hair is cut very short, dyed a bright red color. She maintains almost an uncomfortable stare with continual eye contact throughout the interview. She takes long pauses, sighs often before answering each question.

Behavior and Appearance

- She also states your name prior to all statements made. Her answers appear very calculated and well thought out. There is no fidgeting or anxiety noted.



Mood and Affect

- The patient describes her mood as depressed. Her affect is intense with a slight angry edge to it.



Speech and Thought Process

- Her speech is rather soft, her words are spoken slow and methodically with several pauses for emphasis. She freely elaborates on details of all her numerous meds and treatments. Throughout the interview she often mentioned that no one was ever able to help her including us today.



Speech and Thought Process

- Her thought process is logical, coherent, goal directed. There were no loose associations, tangential thoughts, thought blocking,, or other signs of a formal thought disorder.



Thought Content and Perception

- The patient denies hallucinations, delusions, and ideas of reference. She has had some recent suicidal ideation, but denies curent thoughts or intentions of suicide. She denies any homicidal ideation or thoughts to hurt anyone in any way. There are no obsessions or compulsions.



Sensorium, Cognitive and Intellectual Functioning

- The patient is alert and oriented to peron, place, time, and situation. She easily repeated 6 digits forwards and recalled 3 objects after 5 minutes with appropriate ease. She seemed of average intelligence with a broad general fund of knowledge. Her abstract reasoning ability is normal. There was no evidence of gross cognitive dysfunction.



Insight and Judgement

- Insight is poor in that she stopped her meds, and appears to be unwilling to stick with any treatments or providers. Judgement is poor because she continues to resort to self abuse threats to get help.



Ethics

- Study of philosophical beliefs about what is considered right or wrong in a society



Bioethics

- Ethical concerns related to client care within the scope of Psychiatric Nursing Care



Principles of Bioethics P. 182

Autonomy

- The right to make one's own decisions

Beneficence

- Promoting good

Fidelity

- Doing no wrong to the client, observance of loyalty and commitment to the client



Ethical Principles

Justice

- Treating others fairly and equally

Nonmaleficence

- Intention to do no wrong

Veracity

- Telling the truth



Legal and Ethical Issues

- Confidentiality
- Stigma
- Controlling pt's freedom
- Admission to a Psychiatric Inpatient Facility
- Discharge from a Psychiatric Inpatient Facility
- Psychiatric Medications



Legal and Ethical Issues

- Duty to Warn
 - **Tarasoff** – California court decision that imposes a duty to warn the appropriate person or persons when you become aware that a client may present a risk of harm to them.



Tarasoff

- Presents serious danger to others
- Notify
 - Potential victim
 - Victim's family
 - police
- You diagnose DANGER
- WE MUST PROTECT THE VICTIM !



Legal and Ethical Issues

- Individual Rights
- Informed Consent
- The right to refuse treatment from a nurse



Legal and Ethical Issues

- Seclusion and Restraint
- Client Advocate
- Child/Elder ABUSE REPORTING



Involuntary Detention of Patients

- Danger to self
- Danger to others
- Gravely Disabled
 - Unable to provide for his/her food, clothing, or shelter