

Introduction to Behavioral Medicine & Psychiatry

The Psychiatric Interview

TUCOM

Live ZOOM

read articles on canvas and have handy for lab
Klpastein wants 40 questions from Zwerin for
the exam - Casey said Zwerin makes hard
questions

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1300-1500

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Objectives

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This two-hour lecture will:

- ✓ **Provide evidence why all clinicians (no matter your future specialty) need to know how to treat and diagnose patients with mental health issues**
- ✓ **Show how mental and physical health are intertwined.**

Objectives

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This two-hour lecture will:

- ✓ Explain the role that a setting plays.
- ✓ Discuss interviewing techniques to use or avoid.
- ✓ Indicate the role of empathy in your exam
- ✓ Explain the meaning and importance of a therapeutic alliance
- ✓ Discuss the importance of assuring safety when assessing a patient
- ✓ Go over in detail the various components of a psychiatric interview, including ALL parts of a Mental Status Examination (MSE).

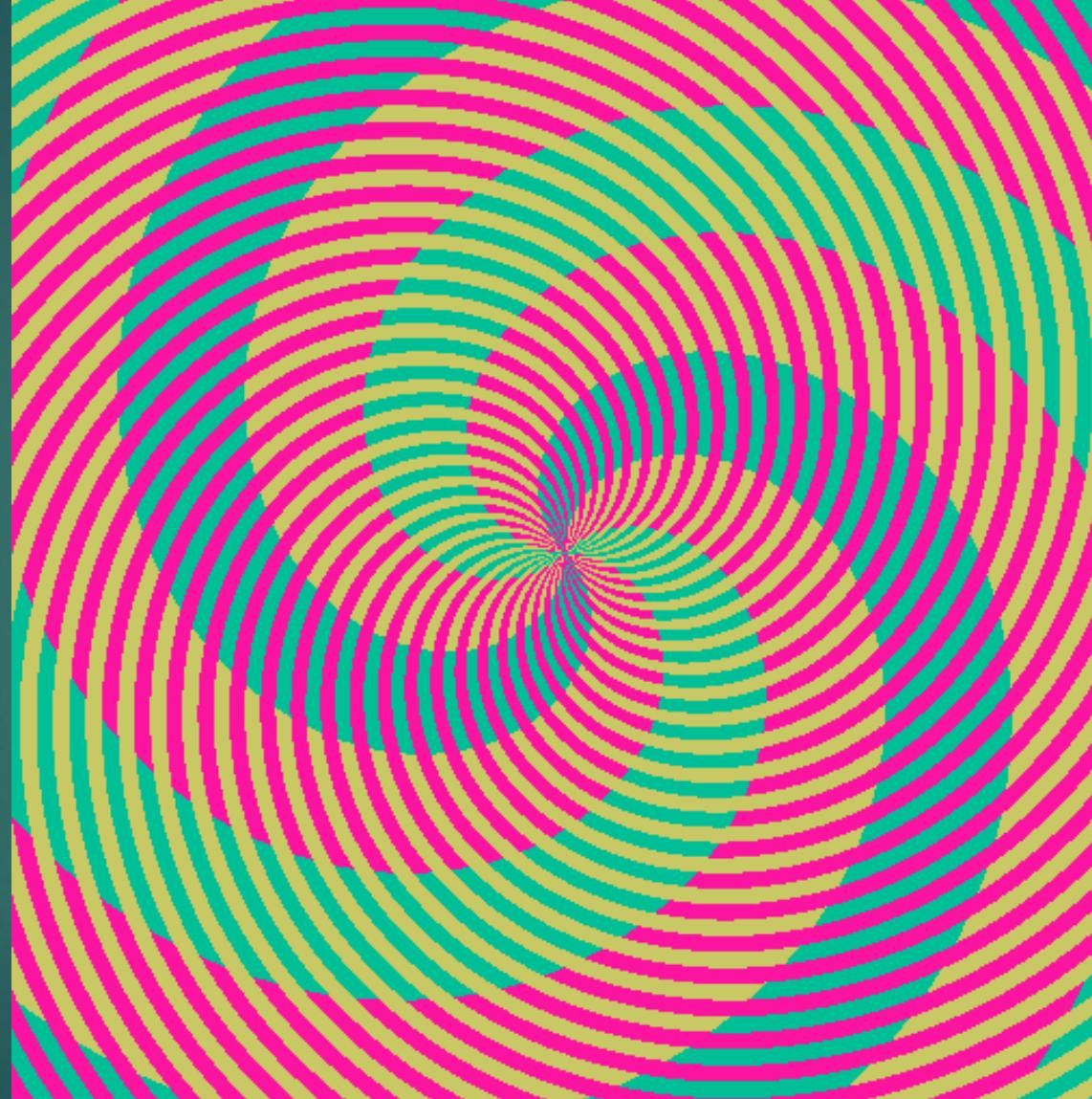
Objectives

- ✓ This two-hour lecture will:
- ✓ Note the importance and legal requirement of confidentiality
- ✓ Discuss three important and easily administered Tests used to assess cognition.
 - ❖ The Mini-Mental State Exam (MMSE) and
 - ❖ the Montreal Cognitive Assessment (MOCA)
 - ❖ Draw A Clock
- ✓ Introduce the concepts of Transference and Countertransference

Note: This lecture and or the video(s) that accompany it contain content that may elicit uncomfortable feelings in some students.

no video today but 5 in tomorrow's

Spiral



- Lets start off with a look at two events that were apparently related to emotional difficulties.
- The first event occurred in 2014, the second in 2020.
- Note: This is just the tip of the iceberg.

Robin Williams

Sadly, we lost this comedic genius in 2014

Did he have risk factors for suicide?



Depression

Substance abuse

Chronic Illness:
Parkinson's Disease or
Lewy Body Dementia

A Victim of COVID-19 Depression and or PTSD?

Allegedly contracted Covid-19

Recuperated at home 2 weeks

Returned to ER work.

Became depressed due to number of people dying.

Told to take time off from work and returned to her parents in Virginia.

No prior mental health issues, but later committed suicide



"Personal Protective Equipment (PPE) can reduce the likelihood of being infected, but what they cannot protect heroes like Dr. Lorna Breen, or our first responders against is, the emotional and mental devastation caused by this disease," Charlottesville Police Chief Brackney

Could she have been saved?

Introduction

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- ▶ Who said the following, and when did he say it?

“I am now the most miserable man living. If what I now feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever feel better I cannot tell...to remain as I am is impossible. I must die or be better, it appears to me.”

Lincoln - after his relationship didn't work

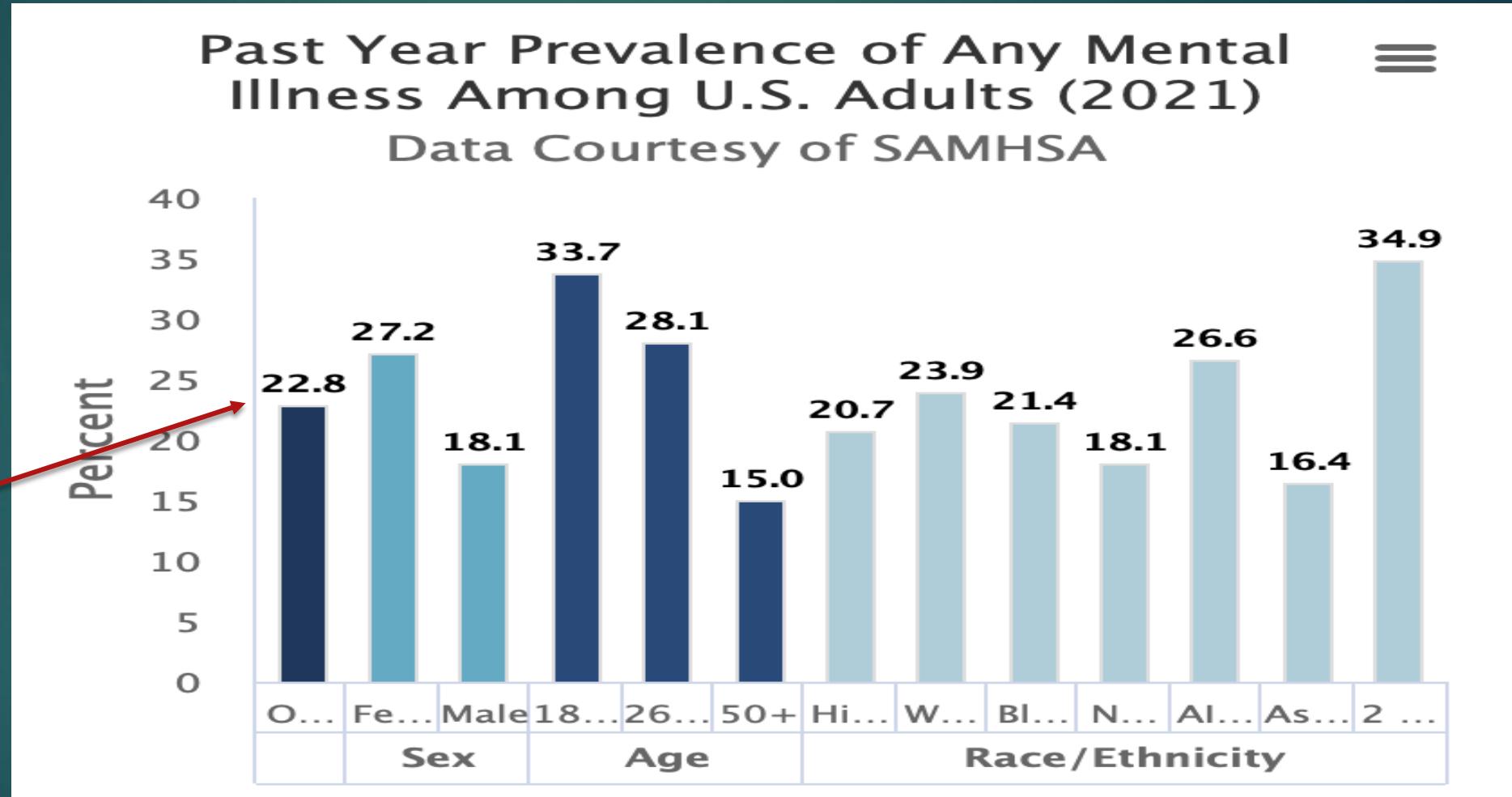
Introduction

- ▶ What does the general public think is the cause of mental illness?
 - ▶ 71% mental weakness
 - ▶ 65% bad parenting
 - ▶ 45% individual's own fault...they can will it away
 - ▶ 43% think it incurable
 - ▶ 35% believe it is due to “sinful behavior”
 - ▶ 10% Believe it involves the brain or has a biologic basis

Is mental illness common?

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Overall,
almost a
23%
chance of
having any
Mental
Illness in
prior year



Introduction

- ▶ We have an uphill road in psychiatry
 - ▶ Skeptics:
 - ▶ Patients
 - ▶ Families
 - ▶ Clinicians
 - ▶ Hollywood: Often presents an inaccurate picture
 - ▶ One Flew Over The Cuckoo's Nest
 - ▶ Prince Of Tides (Dr.???. Streisand)
 - ▶ Perhaps, our own views/biases.

Introduction

Let's examine the facts!!

Fact:

- ▶ People with emotional problems DO want to talk to their primary care doctor

Introduction

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Fact:

- ▶ **25%** of primary care patients have a diagnosable **psychiatric disorder**
- ▶ **Another 13%** have **sub-threshold symptoms** which might benefit from treatment
 - **20 - 50%** Primary Care time is spent seeing these patients
- ▶ **20-40% Medical patients** have **lifestyle risks**, (e.g., excessive alcohol (ETOH) tobacco, etc.

Introduction

Fact (continued)

- ▶ **Depression** is undoubtedly the **most common** psychiatric problem encountered in primary care practice.
- ▶ **Major Depression** develops during a lifetime in about **15% of the population** with a higher incidence for females
 - ▶ **70-80%** of these patients will seek **care from PCP**.
- ▶ **Anxiety Disorders**
- ▶ approximately **33%** of all patients seeing their primary care physician (**PCP**) have a **diagnosable anxiety disorder**

Introduction

Fact (continued)

- ▶ Study of 100 depressed patients in primary care
 - ▶ Sadly, only 30 were diagnosed at all
 - ▶ Of the 30: only 10 were treated competently
 - ▶ Of the 10: only 5 will comply with treatment
 - ▶ Conclusion:
 1. As health care practitioners we must be vigilant to assure that >5% get proper care.
 2. We *MUST* take mental illness seriously

Introduction

- OK, perhaps we can concede that patients in primary care do have emotional illness, but, is there really a significant connection between medical illness and psychiatry?
- The following chart will give you some indication, and this is a fact!

Introduction

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Psychiatry and Medical Illness are intertwined!

- ▶ **Stroke** 25-50% Depression
- ▶ **Insomnia** 33-66% Psych. diagnosis
- ▶ **Alzheimer's** 40% Depression; 30-40% psychotic Sx.
- ▶ **Post MI** 25-50% Depression
- ▶ **Parkinson's** 33% Depression
- ▶ **Fatigue** 20-40% Depression
- ▶ **Cancer** 20% Depression

Introduction

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Psychiatry and Medical Illness are intertwined!

- ▶ Other Medical Conditions with high rates of co-occurring depression:
 - ▶ Multiple Sclerosis
 - ▶ Rheumatologic disorders
 - ▶ HIV

More Facts: Post MI Data

Increase in risk of death after a heart attack:

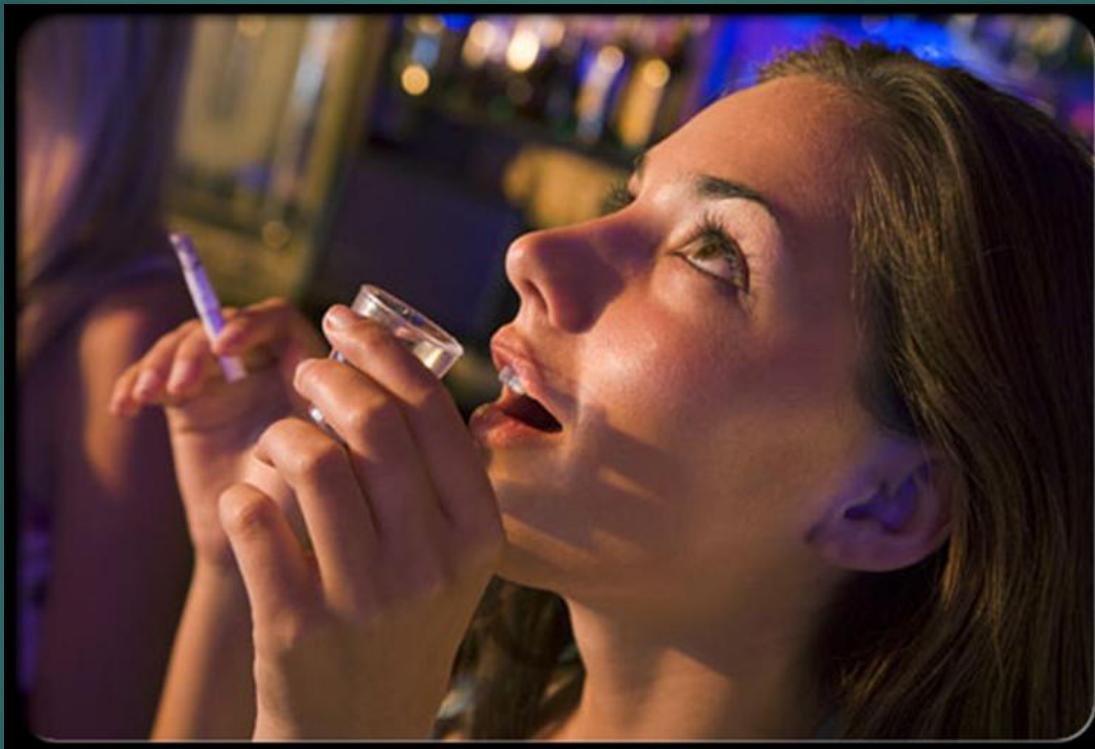
- ▶ DAILY SMOKER 2.16 Times
- ▶ Left Ventricular Ejection Fraction: < 35%.....3.52 Times
- ▶ Prior Heart Attack..... 5.27 Times
- ▶ Major Depression..... 5.74 Times
- ▶ Those depressed after an MI are most likely to die. We must detect such patients and treat them vigorously.

How are these slides related?



6% Cocaine users presenting to ER with Chest Pain develop MI

Does it really matter if she is: drinking, smoking or using illicit drugs?



**What if
she were
pregnant!**

**Fetal
Alcohol
Syndrome?**

**Abruption
Placenta is
more
common in
women
who smoke
or use
cocaine
during
pregnancy.**

She is Undergoing Treatment for Cancer. Is there any chance she might be depressed?



Do Patients receiving dialysis for End Stage Renal Disease (ESRD) exhibit psychiatric symptoms?



20-44% are depressed; depression may adversely affect mortality; suicide more common with ESRD than general population.

She has Dementia. Can she be depressed?



How
might
her
illness
effect
her
family?

- ▶ A recent study found that the rate of moderate to severe depression was:
- ▶ 11.4 percent in adults who self-reported hearing impairment, and only
- ▶ 7.1 in those with “good” hearing and only
- ▶ 4.9 percent for individuals with “excellent” hearing.
- ▶ Women were more likely than men to have an association between moderate hearing impairment and depression.
- ▶ No association between self-reported hearing impairment & depression in people aged 70 and older.

Do Infections lead to emotional problems?

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- ▶ Recent study (JAMA Psych) found:
 - ▶ patients who had been hospitalized with an infection, their relative risk of suicide was increased 42% compared with individuals without prior infection.
 - ▶ Greatest risk was for HIV or AIDS, hepatitis, respiratory tract, and sepsis infections.
 - ▶ Note: Pregnancy related infections did not lead to increased suicide rate.

Peripheral Artery Disease and Depression

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- ▶ Recent study (Ann Vas Surg 09/23)
- ▶ Depression is definitely related to Peripheral Artery Disease (PAD):
 - ▶ Depressed patients
 - ▶ had 1.5x risk of mortality in first 6 months after revascularization
 - ▶ had a strong negative impact on wound healing

The Psychiatric Interview

Typical Medical Tools of the Trade

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Introduction

What are the 2 Major “Tools” of a Psychiatrist when assessing a patient for mental health issues?

unique most of info coming from patient not from labs
listen to what patient is saying and how they're saying it

Eyes

limp, wide stance, police escorts, etc



Ears

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Psychiatric Interview

► Setting

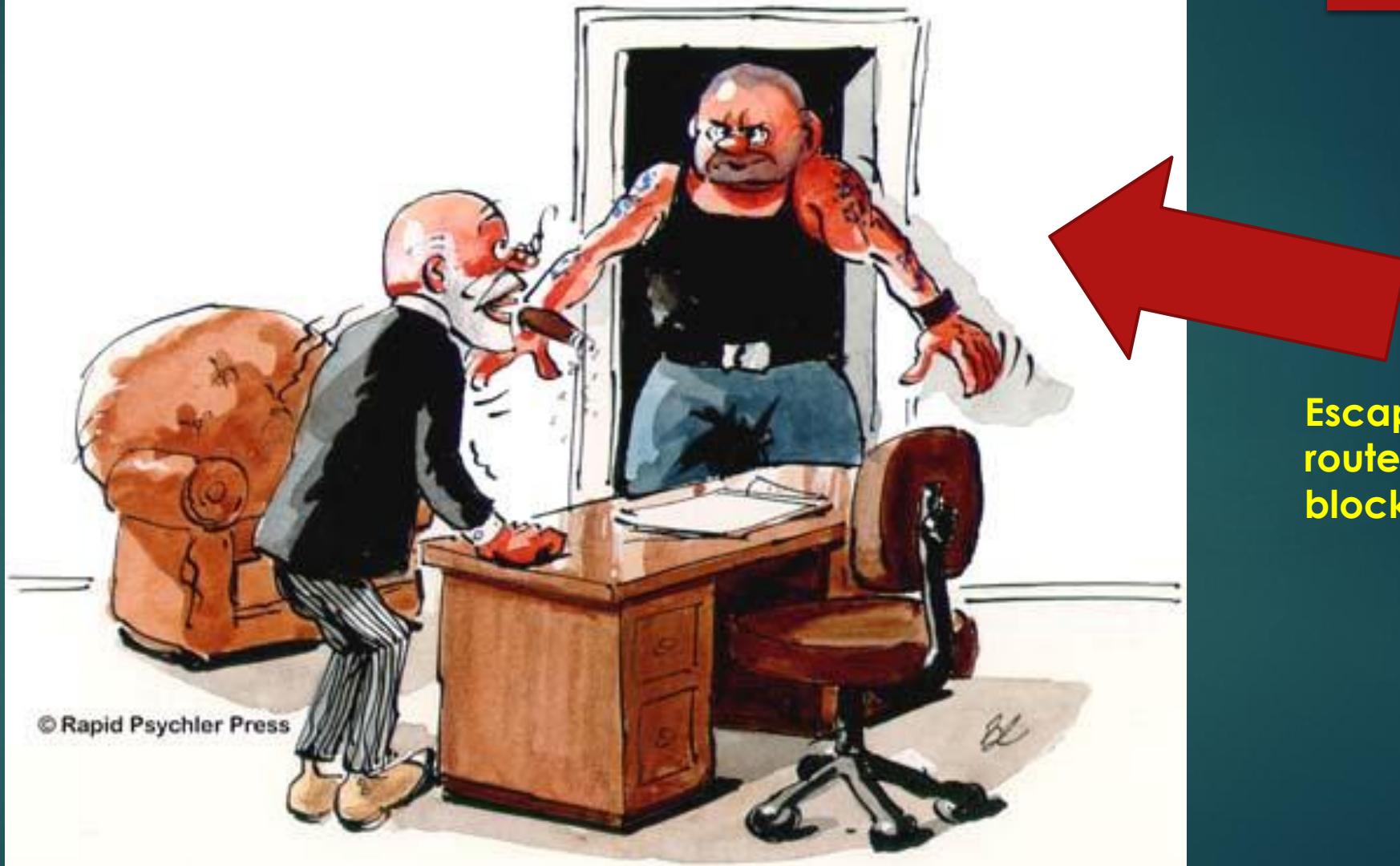
- Where we see a patient makes a huge difference
 - Privacy is paramount and rarely should it be overlooked
- Emergency rooms, private offices, psychiatric hospitals as well as consults in a medical unit i.e., ICU each have their own issues to think about

► Safety Concerns

- Escape of patient and or doctor
- Staff help
- Security guards
- Buzzers

sit closer to door as doctor so patient doesn't block you're exit strategy

Safety Concerns in Interviews



Psychiatric Interview

- ▶ Setting (continued)
- ▶ Studies have show that one of the following is the most dangerous for the therapist...can you guess which one? Why do you think this is so?
 - ▶ Emergency Rooms
 - ▶ Consultation in a hospital room
 - ▶ Private practice offices
 - ▶ Psychiatric Units



most dangerous because less likely to have support - more likely to be alone with the patient

Psychiatric Interview

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● Initial Contact

► How was the individual referred?

- Referred by another Physician
- Ordered by the court
- Came on his/her own
- Brought by the family

less willingness to cooperate/comply, less likely to have understanding of why they're there

► Why would referral source matter?

Psychiatric Interview

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- Relatives and other individuals are seen 2nd and with patient approval.

- **Confidentiality**

- ▶ Definition
- ▶ Exceptions

- Court ordered: i.e., workers compensation
- Malpractice Case against you
- Suicidal, homicidal, Elder/child Abuse,
- Tarasoff Issues (threats...known victim)...danger to others (covered in later lecture)
- Epileptic, Reportable diseases

First Aid: exceptions
S.A.V.E.D.
Suicidal/homicidal
Abuse
Victim
Epileptic
(reportable) diseases

conditions that might make people impaired in
driving
STIs, etc.

Reportable diseases

Psychiatric Techniques

- ▶ Techniques to utilize to improve your interviewing skills
- ▶ Put the patient at Ease
 - Listen Attentively
 - Ask Open Ended Questions whenever possible .
 - ▶ Tell me what brings you in today.
 - ▶ I notice you have a cast on your arm and stitches in your lip.
 - Develop Rapport: Mutual Trust
 - Facilitation
 - Encouraging communication by manner, gestures, words, or posture.look engaged
 - Example: Yes; I See; Repeating Key Phrase, please continue, that must have been difficult for you, etc.

Psychiatric techniques

- ▶ Think of history taking as like a funnel. Begin with **open-ended questions** and as you learn more facts, move to more closed-ended questions.



Interviewing Techniques

Techniques to Typically Avoid

► Silence

- ▶ Minimize if at all possible. Especially in initial interviews!!!
- ▶ (OK not to interrupt too soon, but do not over do it.)

► Confrontation:

- ▶ Pointing out behavior the patient is not aware of.
It should be **minimized** if at all possible

► Examples:

- ▶ It appears to me as though you do not care that your wife has been adversely affected by your extra marital affairs
- ▶ Hard to believe you will not even admit that excessive alcohol use has been a factor in your 3 DUIs, your divorce, and jail time for domestic violence.
- ▶ When are you going to grow up and take responsibility for your actions?

Interviewing Techniques

- ▶ Techniques to Typically Avoid (continued)
 - ▶ Overly Direct Questions
 - ▶ Often leads to yes/no or very brief answers
 - ▶ Are you in pain? Are you angry?
 - ▶ Did you eat breakfast this morning?
 - ▶ May be useful at times, but which is better...why?
 - ▶ A. Have you ever tried to commit suicide? Or
 - ▶ B. I am sure you are aware that many people have thoughts of hurting themselves. With all your legal, monetary and health issues, I wonder if perhaps you might have considered such an action?
 - ▶ C. Many people that I see in my practice develop thoughts of suicide when dealing with cancer.

exception is suicidal/homicidal ideation - asking does not increase risk
suicidal - letting them know you're interested and here to help
"have you had thoughts of harming yourself" - make it more gentle
"common to have these feelings when you have x, y, z" - makes them feel more comfortable

Interviewing Techniques

- ▶ Techniques to Typically Utilize
 - ▶ Summarizing what has been said by patient:
 - ▶ Excellent Technique
 - ▶ Assures Accuracy
 - ▶ Lets patient know you are being attentive
 - ▶ Examples:
 - ▶ So what you are saying is that you wanted to kill yourself after your husband died, but after meeting with your PCP you began to feel that life was worth living.
 - ▶ Just to be clear, I believe you said you are hearing voices on the television that are telling you that you are a bank robber. You also said you were appointed the U.S. Surgeon General right after you failed out of high school.

Interviewing Techniques

Techniques to Typically Utilize (continued)

- ▶ **Empathy** (Being empathic)
 - ▶ Identification with, or experiencing feelings, thoughts, or attitudes of another individual
 - ▶ Hallmark for improved therapeutic outcomes!!
 - ▶ Empathic behaviors enhance:
 - ▶ Effectiveness of care
 - ▶ Patient satisfaction
 - ▶ Empathic Opportunities
 - ▶ Occur in > 50% of surgical and primary care visits
 - ▶ Usually patient initiated
 - ▶ Studies have shown that surgeons have as many opportunities to respond empathically as do primary care doctors!

acknowledge what they're experiencing

Techniques to Typically Utilize (continued)

- ▶ **Empathy** (Being empathic)
acknowledging without judgement
- ▶ **Examples:**
 - ▶ It sounds like you did everything you could when he needed your help.
 - ▶ I can understand how difficult this was for you.
 - ▶ I can totally see why you would be upset.
 - ▶ This is a very hard time for you.
 - ▶ Considering how much stress you're under, I think you are doing a great job.
 - ▶ It's natural that you would feel this way after losing your husband (wife).
 - ▶ The financial effects of the pandemic have been extremely hard for you.

Interviewing Techniques

► Techniques to Typically Utilize (continued)

► Empathy (continued):

To utilize empathy the clinician must be willing to overcome the feelings, attitudes and experiences of the patient. This will enhance the therapeutic alliance.

► Therapeutic Alliance:

► The relationship between clinician and patient in which both commit to look at the patient's problems and establish mutual trust, cooperate with each other in order to achieve a realistic goal of cure or amelioration of symptoms

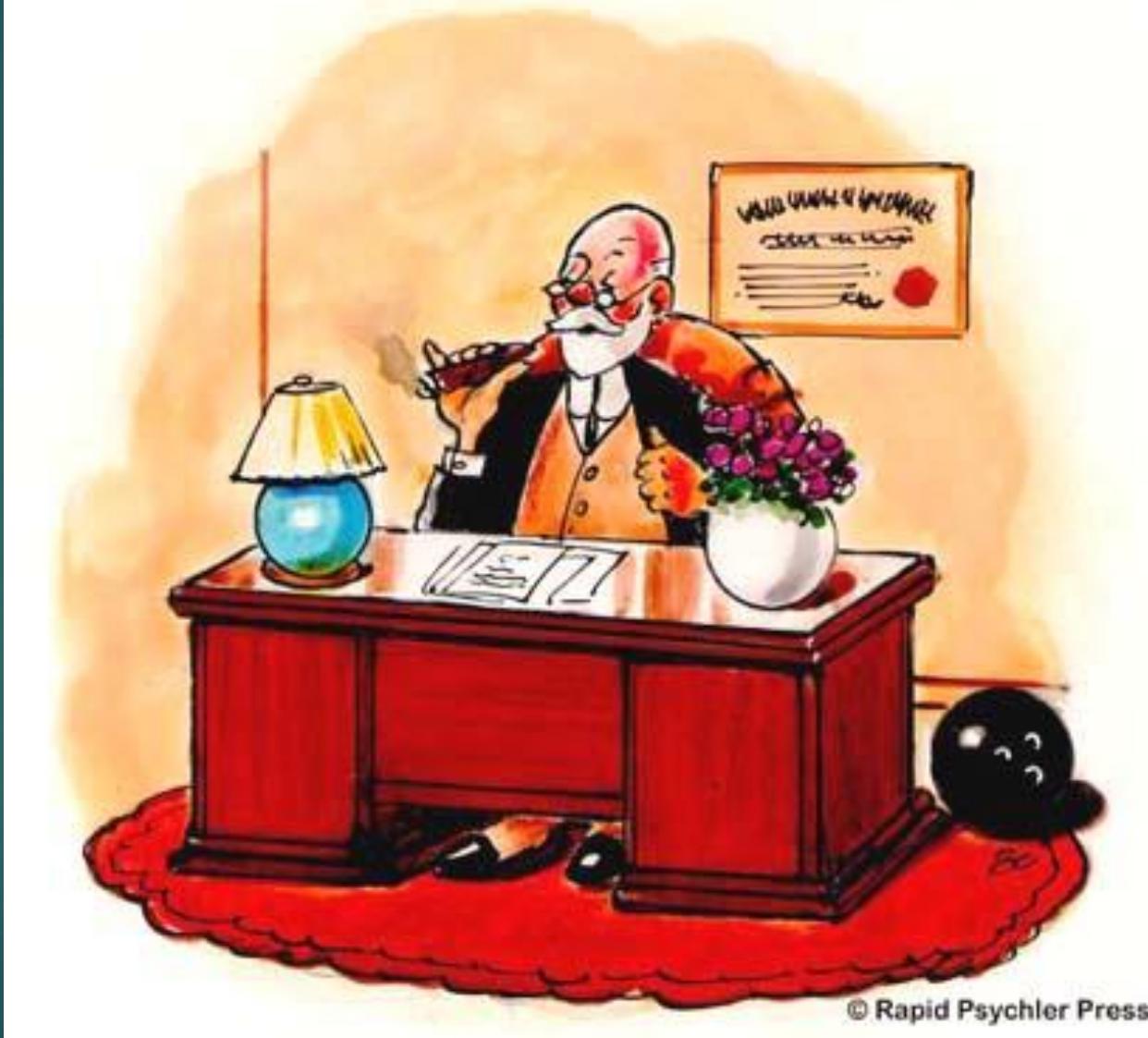
► When would only amelioration of symptoms and not cure, be a goal of treatment?

end of life care - goal is to help the patient as much as possible but physical condition is deteriorating (dementia, ESRD, etc.)

The Psychiatric Interview

Historical information Gathering

The Psychiatric Interview



The Psychiatric Evaluation

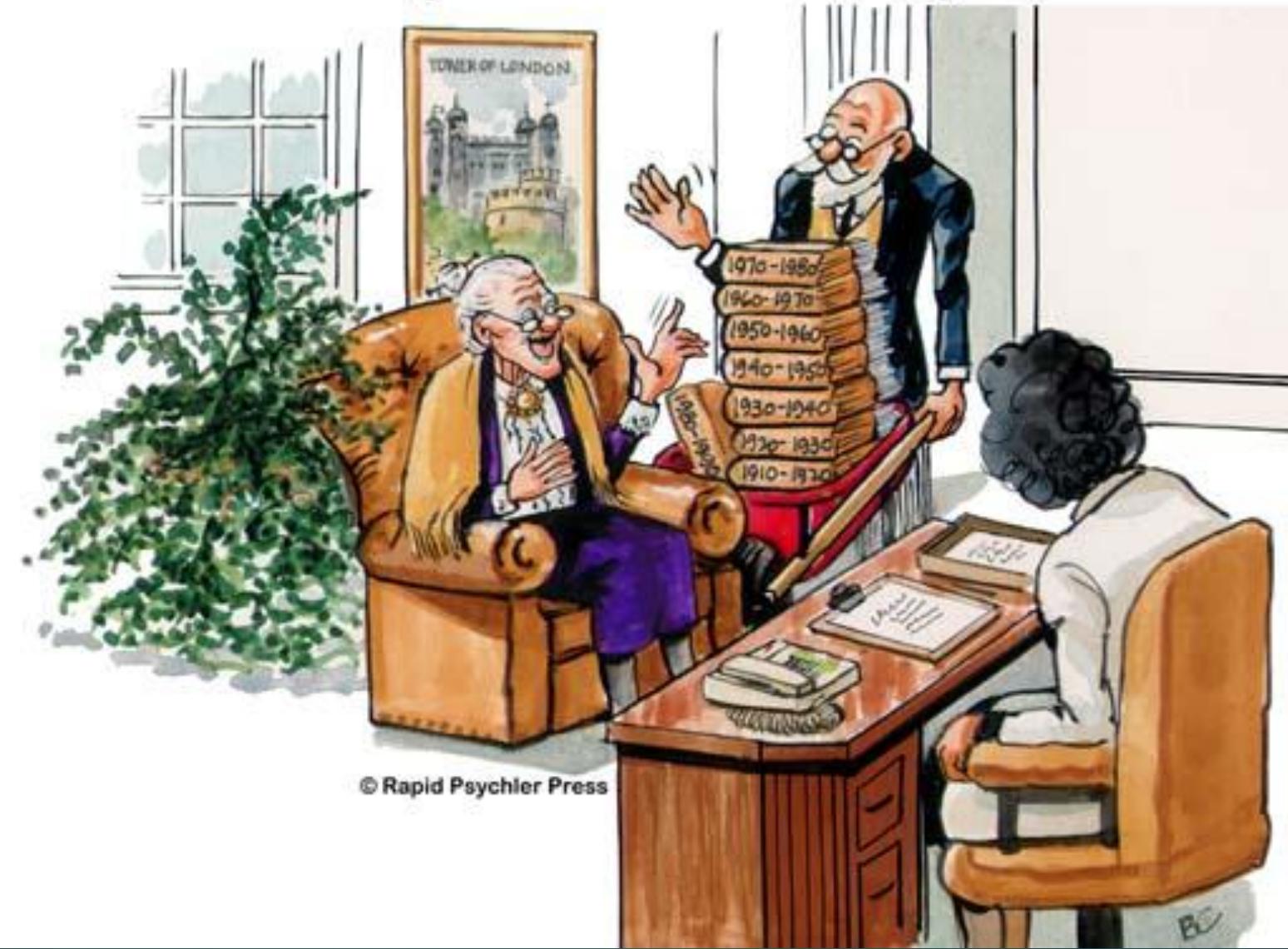
- ▶ **Identifying Data**
 - ▶ Name, age, marital status, race, gender
 - ▶ Sources of information:
 - ▶ Family, the patient, children, old records (some are more reliable than others)

The Psychiatric Evaluation

► Chief Complaint

- ▶ Often useful to find out why they came in NOW
 - ▶ Ex: You indicated that you have been feeling depressed for several weeks. I wonder if you can explain why you felt it would be helpful to come to the ER today? (Perhaps you might learn the patient is currently suicidal)
 - ▶ Note: Obtaining a chief complaint is vital to reaching an appropriate psychiatric differential diagnosis and, as in the rest of medicine, it leads to more rapid honing in on a correct diagnosis and appropriate treatment.

Psychiatric History



The Psychiatric Evaluation

► History

► History of Present Illness (HPI)

- Been suicidal for 3 weeks, depressed, stopped antidepressant 3 months ago. Fired from job, wife left him

► Past Psychiatric History

- Age of onset of any previous psych issues
- Prior psych admissions, meds ordered
- Seeing a psychiatrist for 5 years

► Substance use/abuse/addictions

- Alcohol, tobacco, marijuana, cocaine, meth, gambling illicit substances
 - some patients don't consider marijuana a substance so unless you ask specifically will not get the info

► Past Medical History (why might this be important?)

- Any medical issues patient has been treated for in the past
 - (: i.e., hypertension, diabetes, cancer etc.)
- Allergies
- Surgeries
- Past and Current medications

► Review of Systems (ROS)

- Same as in a medical exam

The Rapid Alcohol Problems Screen (RAPS4)

1. During the last year, have you had a feeling of guilt or remorse after drinking? (**R**emorse)
2. During the last year has a friend or a family member ever told you about things you said or did while you were drinking that you could not remember? (**A**mnesia)
3. During the last year have you failed to do what was normally expected from you because of drinking? (**P**erform)
4. Do you sometimes take a drink when you first get up in the morning? (**S**tarter)

CAGE Questionnaire for Detecting Alcoholism

Question	Yes	No
C: Have you ever felt you should C ut down on your drinking?	1	0
A: Have people A nnoyed you by criticizing your drinking?	1	0
G: Have you ever felt G uilty about your drinking?	1	0
E: Have you ever had a drink first thing in the morning (E ye opener)?	1	0

A total score of 0 or 1 suggests low risk of problem drinking

A total score of 2 or 3 indicates high suspicion for alcoholism

A total score of 4 is virtually diagnostic for alcoholism

The Psychiatric Evaluation

- ▶ History (continued)
 - ▶ Birth data if available
 - ▶ Education (Watch out for trouble in HS!)
 - ▶ Troubles in school
 - ▶ School phobias
 - ▶ Friends
 - ▶ Left back?
 - ▶ Highest grade attained
 - ▶ Suspensions, if any
 - ▶ GED?
 - ▶ Juvenile Hall
 - ▶ Graduate?

multiple suspensions from school = conduct disorder

The Psychiatric Evaluation

- ▶ History (**continued**)
 - ▶ **Occupational History**
 - ▶ Assess if jobs are held long term or if repeatedly fired
 - ▶ Military history: In combat?? Why ask this??
 - ▶ **Marital History: M/S/W/D**
 - ▶ **Sexual History:** When began, current, acquired diseases
 - ▶ **Children:** Number, ages etc.

The Psychiatric Evaluation

- ▶ History (continued)

- ▶ Legal Issues

- ▶ Arrests for felonies
- ▶ DWIs
- ▶ Incarcerations
- ▶ Are there pending legal charges?
- ▶ Juvenile hall as youth? (Usually tied into poor school performance)

- ▶ Family History

- ▶ Psychiatric illness (Look for genetic connection)
- ▶ Suicide efforts
- ▶ Substance abuse
- ▶ Mood swings
- ▶ Hospitalizations

The Mental Status Examination

(The Heart of the Psychiatric Evaluation)

A Snapshot of Current Functioning

The Mental Status Exam



Interview: Mental Status Examination

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- ▶ What is a Mental Status Examination (MSE)?
- ▶ Cross sectional description of patient's mental state at a single point in time
- ▶ Patients change with time so a MSE gives us a baseline against which to measure this change.
- ▶ Some of the information can be collected during the initial phases of the interview process i.e., the history and the rest during direct questioning.
- ▶ Goal of a MSE: The assessment for certain operationally defined psychiatric findings

snapshot of that day gives a baseline

Mental Status Examination

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- ▶ “Informal” Mental Status Exam:
 - ▶ starts when first seen, so be ready for clues!!
- ▶ Appearance (Let’s anyone reading report visualize the person)
 - ▶ Clothing: appropriate or disheveled
 - ▶ Grooming:
 - ▶ Tattoos, skin condition
 - ▶ Multiple scars
 - ▶ Lacerations 20-30s with new lacerations - borderline personality disorder
 - ▶ Does he look stated age?
- ▶ Behavior
 - ▶ Restless
 - ▶ Hostile
 - ▶ Paucity of spontaneous movement and speech?
 - ▶ Presence of abnormal movements? ticks/tremors?
 - ▶ Quickly get sense of level of consciousness



Same person, different appearance



Hair

Skin

Skin Picking?

No Make-up

Face seems
heavier

methamphetamine misuse

Can you describe /contrast her appearance in both photos?

important to document small changes in appearance

Mental Status Examination

- ▶ The (“more formal”) MSE (continued)
 - ▶ Attitude toward the examiner
 - ▶ Friendly
 - ▶ Cooperative
 - ▶ Hostile
 - ▶ Threatening
 - ▶ Psychomotor Activity
 - ▶ Retardation: Depression, drugs??
 - ▶ Agitation: Drugs, manic, delirious??
 - ▶ Gait, posture
 - ▶ Tremors, hand wringing
 - ▶ Echopraxia, waxy flexibility

lift up arm and it stays there

Catatonia

mimicking movement



Mental Status Examination

- ▶ The (more formal MSE) (continued)
- ▶ Speech (The manner of speaking...not content)
 - ▶ Rate:
 - ▶ Pressure: Manic?? (>150 words/min.)
 - ▶ Slowed: Perhaps depression, drugs?
 - ▶ Loud or soft speech, slurred
 - ▶ Aphasia
 - ▶ Expressive: Broca's
 - ▶ Receptive:

The wife of which President suffered a stroke and subsequent expressive aphasia during her husband's term in office?



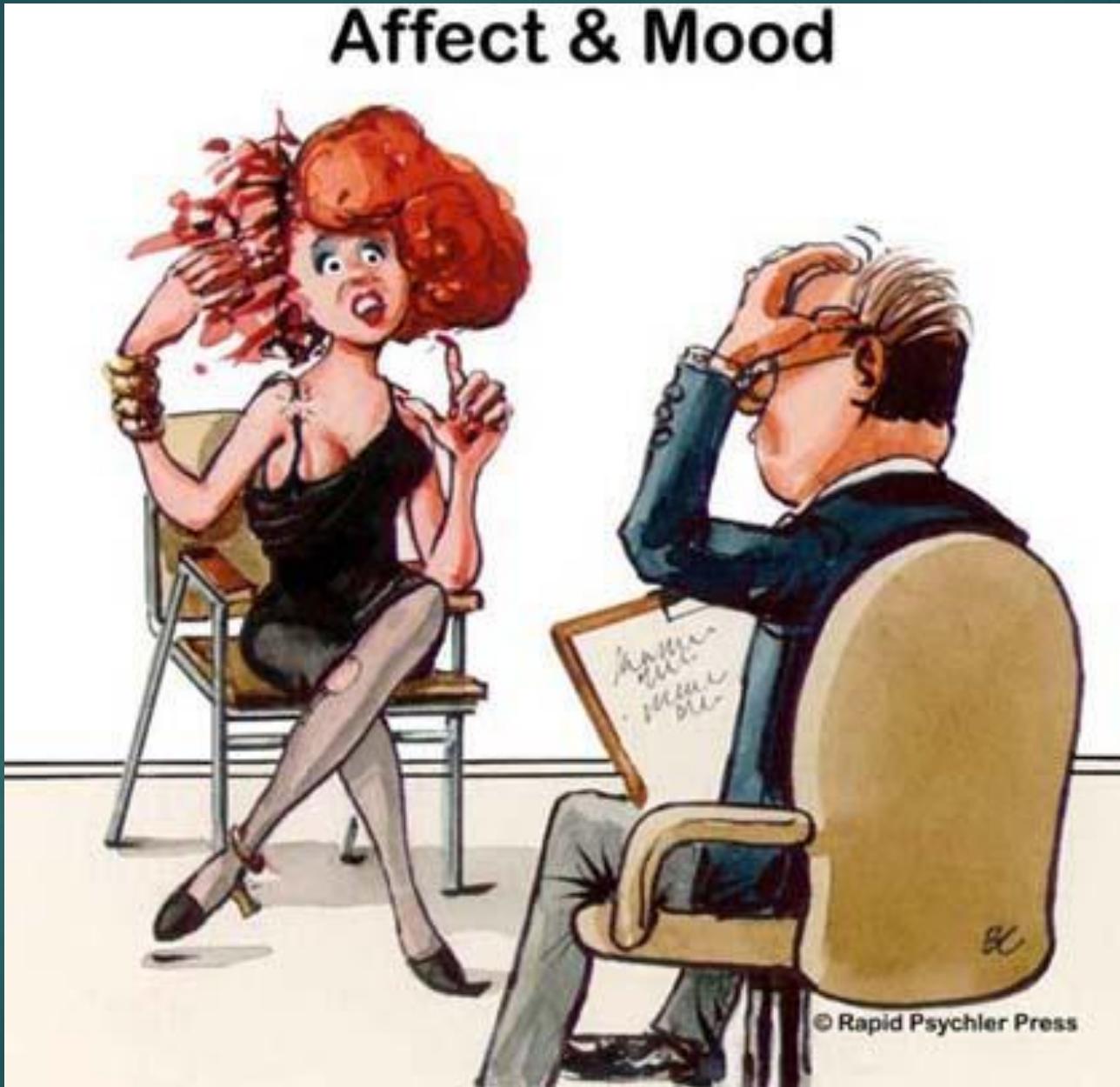
Aside from being President of the US, he held another important position

Supreme Court Justice 1921-30

President Taft

Affect & Mood

What is the difference between **Mood** and **Affect?**



Mental Status Examination



- ▶ **Mood:** Pervasive subjectively experienced sustained emotion **by the patient**
- ▶ **Examples:**
 - ▶ Neutral, **euphoric, depressed, anxious, irritable,**
 - ▶ **sad, unhappy: (Dysphoric)**
 - ▶ **Happy, normal (Euthymic)**
- ▶ **Depressed (Many clinicians will inquire about suicide and homicide at this point. I am one of them!!)**
 - ▶ If you elicit evidence of depression follow-up on it right away
 - ▶ Tips to help elicit if patient is depressed
 - ▶ Remember if you simply ask, “are you depressed” patient may not know what you mean, and may answer incorrectly. So, much better if you have any doubt at all to ask about at least a few important signs of depression:

can adjust order of questions

stay on target and don't jump away

Mental Status Examination

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Mood: (continued)

importnat to ask about mania as well bc if someone has bipolar and antidepressant isn't a good idea

- ▶ **Depressed Mood**
- ▶ **Suicide** It is vital to ask about suicide in a new patient, or if there is any concern about a returning patient.
 - ▶ Studies have shown that discussing suicide does **NOT** raise the risk of suicide but in fact calms the patient,
 - ▶ Patients realize clinician is willing to deal with the problem and thus feel less isolated
 - ▶ EX: I can understand why you are depressed after being diagnosed with Alzheimer's disease. I know that many people in your position might even think of hurting themselves. Has this thought crossed your mind?
- ▶ **Homicide**: Always inquire about homicide when addressing suicide.
 - ▶ Have you at any time thought about hurting anyone else?

Mental Status Examination

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- ▶ **Mood:**

- ▶ **Anxious**

- ▶ Depression and anxiety are often noted together
 - ▶ Ask about Phobias

- ▶ **Euphoric**

- ▶ Is this mania, or hypomania? Is it a physical issue?
- ▶ Drug related?



Mental Status

- **Assessing for Depression**
- Symptoms of depression are grouped as disturbances in:
 - A. **Emotions** (depressed mood, loss of interests or pleasure (anhedonia))
 - B. **Ideation** (worthlessness or guilt, death or suicide)
 - C. **Neuro(vegetative) or somatic symptoms**
 - a. sleep disturbance: (DFA/EMA), b. appetite: loss or weight loss, c. decreased energy, d. decreased psychomotor activity, e. concentration: decreased

SIG: e caps ARE BEST FRIEND - KEEP AN IDEA OF THE BIGGER PICTURE DION'T NEED TO PROMPT THEM TO A SPECIFIC ANSWER

Mental Status Examination

- Eight of these symptoms (except depressed) may be easily recalled using the mnemonic "**SIG: E CAPS**" (i.e., "prescribe energy capsules"):
 - 1. **Sleep, Difficulty sleeping or sleeping too much**
 - 2. **Interest, in things once enjoyed lost/diminished**
 - 3. **Guilt, (Worthless): depressed elderly often devalue themselves**
 - 4. **Energy, Level decreased. Fatigue common presenting complaint**
 - 5. **Concentration /Cognition: Reduced**
 - 6. **Appetite, changed, i.e., eats less or occasionally more.**
 - 7. **Psychomotor, retardation or agitation**
 - 8. **Suicide: plans/thoughts to hurt yourself?**

if patient leads you in a specific direction go for it
when learning good to make sur ego through all but stay flexible



He has Insomnia

They Are Both Exhibiting signs of Depression

What Do These Two People Have In Common?

She has Loss of appetite



Mental Status

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Assessing for Mania

➤ Symptoms of mania are polar opposites of depression.

Emotions (elevated or irritable mood,

Ideation (Inflated self-esteem or grandiosity

Neuro(vegetative) or somatic symptoms

Decreased need for sleep

Increased energy,

Increased psychomotor activity (agitation), Increased talkativeness,

Racing thoughts,

Involved in activities that have potential for negative consequences, i.e., overspending, sexual indiscretions)

Mental Status Examination

► Affect:

- A patient's current outward emotional expression
- What the examiner infers based on what he/she sees during the examination
 - Five elements are used to describe affect:
 - Quality: dysphoric, happy, euthymic, irritable , angry, sobbing, flat, etc.
 - Quantity: measure of intensity: e.g., mild vs. severe
 - Range: Restricted, normal, labile, flat
 - Appropriateness: How affect correlates to setting.
 - Inappropriate: Patient laughs when describing death of relative.
 - Congruence: (Either mood congruent or incongruent.)
 - Ex: Patient describes how sad he has been recently after death of his wife. However does so with no suggestion of sadness. (incongruent)
 - Ex: Patient cries while describing death of wife (congruent)

what mood you think
they're experiencing

Perception



Is she
experiencing a
visual
hallucination?

Mental Status Examination

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► Perceptual Disturbances

► Hallucinations:

- Distortions of reality **without** external stimulus
- **Auditory:** Typically psychiatric issue
- **Visual:** (May be medical or psych issue)
- **Tactile** (May be medical or psychiatric issue)
- **Olfactory** (May be medical or psychiatric issue)
- **Gustatory** (Taste) (May be medical or psychiatric issue)
- **Command:** Typically psychiatric issue
- may be malingered, however.

feel like someone is telling them to do something

Mental Status Examination

- Hallucinations (continued)
 - **Hypnagogic:** Upon going to sleep (non-pathologic)
 - **Hypnapompic:** Upon arising from sleep (non-pathologic)
hypnaGOtic happens when *GOing* to sleep
hypnaPOmPic happens when you *POP* out of bed
 - **Tactile****
 - ▶ Alcohol (ETOH) Withdrawal, Cocaine or amphetamine Abuse

Mental Status Examination

► Illusions

- Definition:
- Misinterpretation or misperception of **real external stimuli**
- Watch out for delirium; Be careful!!
 - Ex: Water on highway
 - Thinks a stranger is familiar until he or she gets closer.
 - Patient sees curtain move, thinks someone hiding behind curtain waiting to kill him/her. Actually window is open, causing curtain to move

What is this?



Is it a skull...from anatomy class?



Does it look different on a close-up?

mirror

Mental Status Examination

81

- Thought Process/ Disorders

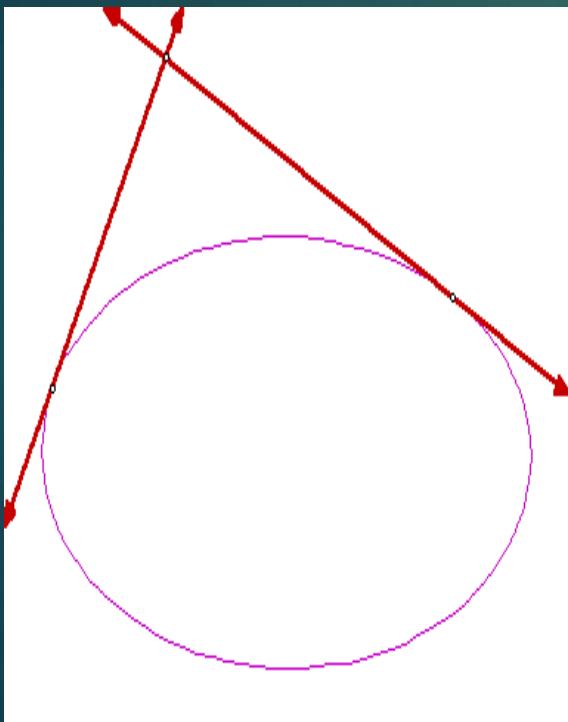
- ▶ **Loose Associations/derailment**

- Breakdown in logical connection between ideas and overall sense of goal directedness. The words make sentences, but the sentences do not make sense. Extremely hard for anyone to follow what is being said

- ▶ **Tangential Thinking**

- Examiner follows what is being said but response is not on target with question posed. May touch on subject but never comes back to it.
 - Q: Do you have any trouble sleeping?
 - A: “I usually sleep in my bed, but lately I have been sleeping on the sofa”.

Tangents go off the mark and never come back



Mental Status Examination

- Thought Process/ Disorders (Continued)

- **Circumstantial Thinking** circling

- Overinclusion of trivial or unnecessary details that impedes the sense of getting to the point..

- Ex: Think of circumstantial thinking as taking a car ride from LA to San Francisco. You can go directly to S.F. in 7 hours via route 101 (or I-5), OR you can drive to Bakersfield, then make a detour to Phoenix, then to K.C. then to Denver, then to Reno, then to Sacramento, and then get to SF. You will finally arrive at SF but in 10 days.

Mental Status Examination

83

- Thought Process/ Disorders (Continued)

- **Blocking:**

- ▶ Sudden disruption of thought or a break in the flow of ideas.
 - ▶ Mind goes blank often in mid-sentence, seen in schizophrenia

- **Perseveration:**

- ▶ Repetition of out of context words, phrases or ideas or subjects that are returned to over and over.
 - Doctor: How much is 1+ 1?. Patient: 1 and 1
 - Doctor: What color are your shoes? Patient: 1and 1
 - Doctor: **What kind of person are you?** Patient: I am from Vallejo, CA, 50 miles from Stockton, CA. I'm married. My wife is from Oakland, CA, which is 25 miles from Vallejo, CA. I am getting a divorce, but am a patient at NSH, which is 12 miles from Vallejo, CA.
 - Patient asked to draw a cat , then a dog and then a fish. He draws a cat then draws a cat then draws another cat but never draws any other animals.

logorrhea like
diarrhea –
but of one's
speech

- **Logorrhea:** Copious pressured speech, uncontrolled talking, often seen in manic phase of bipolar disorder

- Thought Process/ Disorders (Continued)
- ▶ Echolalia: Direct repetition of interviewer's words
 - Q: You appear depressed, A: You appear depressed
- ▶ Echopraxia: (mimicking another's movements)
- ▶ Flight of Ideas: Rapid pressured speech /Quick shift in ideas.

- Thought Process/ Disorders (Continued)
- ▶ **Confabulation:** Effort to correctly give details when memory is impaired, in other words, tries to fill in the gaps.
 - ▶ Q: Could you describe what you had for breakfast this AM?
 - ▶ A: I had eggs, toast and bacon with coffee just before I came over here. (Actually had cereal and OJ. for breakfast.) common in dementia
brain filled in space not intentionally lying
- ▶ **Neologisms:** Invention of new words or phrases or use of conventional words in idiosyncratic ways. not realizing making new words
 - ▶ “I was “gigifying”, not just “tortillating” you know.”
 - ▶ My brain was “detoned”
 - ▶ “I got angry so I picked up the dish and threw it at the geshinker”

Mental Status Examination

86

- ▶ Thought Process/ Disorders (Continued)
- ▶ Clang Associations
 - ▶ Words rhyme or word choice is due to punning
 - ▶ Examples:
 - ▶ I'm not trying to make noise. I am trying to make sense. If you can make sense out of nonsense, we'll have fun. I'm trying to make sense out of sense. I'm not making sense (cents) anymore. I need to make dollars."
 - ▶ "Here she comes with a cat catch a rat match."
 - ▶ "There's a mile-long dial trial a while, child."
 - ▶ "I was on my way to the store the chore the bore some more."
- ▶ **Magical Thinking:** Belief that one's thoughts words or actions assume power (e.g., to cause or prevent events) OCD
not a rational thought process
 - ▶ Ex: There was a drought in Texas. I wanted to wash my car but it was prohibited. So, I wished it would rain. The next day we had a tornado with torrential rains come through the city. Ten people were killed. It as my fault. I should have just let my car stay dirty.
 - ▶ If I do not wash my hands exactly 8 times per hour I will infect myself ,and then I will infect my family and then I will infect...

Mental Status Examination

87

- ▶ **Thought Content Disorders**
- ▶ **Delusions:** Fixed, false beliefs, not in keeping with one's cultural background

- ▶ **Types of delusions**

IMPORTANT TO REMEMBER

- ✓ **Thought Insertion**

- ❖ The Mafia is making me follow their commands

- ✓ **Thought Broadcasting**

- ❖ Belief others can hear your thoughts which you have not uttered

- ✓ **Ideas of Reference:**

- ❖ Patient convinced that TV/Radio talking about him/her

- ✓ **Persecutory:** persecution patient thinking neighbor is spying on/out to ge

- ✓ **Grandiosity** grandiose - patient's thinking they can fly

must ask these questions specifically!! if you do not ask you do not know

Mental Status Examination

- ▶ Thought Content Disorders (continued)
- ▶ **Obsessions**
 - ▶ Recurrent Thoughts / Impulses
 - ▶ Recurrent thoughts are known to be their own
 - ▶ Increased anxiety; to try to fight it, but rarely successful
 - ▶ **Examples**
 - ▶ Concern with germs or waste
 - ▶ Need for exactness
 - ▶ Forbidden sexual thoughts
 - ▶ Fear that something terrible will occur

ocd
cannot get rid of thoughts

diff between obsession - thought and compulsion - behavior

Mental Status Examination

- ▶ **Thought Content Disorders**
- ▶ **Compulsions**
 - ▶ **Repetitive Behaviors**
 - ▶ Hand washing and Grooming
 - ▶ Checking
 - ▶ Cleaning to rid one of germs
 - ▶ Touching
 - ▶ Counting
 - ▶ Repeating Rituals
 - ▶ Up & Down from chair

An obsessive fear of dirt/contamination has lead to a washing compulsion

disrupts daily life



Mental Status Examination

- ▶ Other findings to be alert to:
 - ▶ **Catastrophic Reaction:** out of proportion reaction
 - ▶ Sudden anger or tears in an organic patient when presented with a task they can no longer do.
 - ▶ **Alexithymia:**
 - ▶ Inability to discuss emotions despite coaxing

Suicidal and Homicidal Ideation

92



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Interview

vital questions to ask - ask every ti

93

► Suicidal Ideation:

- ▶ Must be addressed, but best if it can be worked into the interview
- ▶ (We will discuss how to more fully assess for suicide in a future lecture)

► Homicidal Ideation:

- ▶ Must be addressed
- ▶ Best if can be worked into the interview
- ▶ (We will discuss how to assess for homicide in detail in a future lecture)

Suicide

- **SAD PERSONS Algorithm** for risk factors
 - ▶ **Sex**
 - ▶ **Age**
 - ▶ **Depression**
 - ▶ **Previous attempt**
 - ▶ **Ethanol abuse**
 - ▶ **Rational thinking lost**
 - ▶ **Social support lacking**
 - ▶ **Organized plan**
 - ▶ **No spouse**
 - ▶ **Sickness**

(Patterson et al, 1983)

Cognitive Functioning



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Cognitive Assessment

- **Insight:** w/ no insight - unlikely to make progression
more you interpreting based on the patient's ans^t
 - ▶ The capacity to understand that one has a problem, conceptualize how it came about, and to think about how it may be solved.
 - ▶ Note: The degree of patient's insight is a good predictor of how well the person will cooperate with treatment.
 - ▶ Example:
 - ▶ What is your understanding of why Judge Smith referred you for psychiatric treatment?
 - Do you have any thoughts as to why you are depressed?

Cognitive Assessment

Judgment:

insight is thinking piece and judgement is doing piece

- Ability to deal with social situations and to understand and adhere to reasonable social situations.
 - (gives idea of patients educational level and ability to handle simple problems)
- ▶ Questions to ask to assess judgment:
 - ▶ What would you do if you saw a stamped, sealed, addressed envelope lying in the middle of the street?
 - ▶ What would you do if you saw a fire break out a few rows behind you in a crowded movie theater?

Mental Status Exam

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Cognition Assessment (continued)

- **Level of Intelligence Assessment:**
 - ▶ Checks for higher cortical functioning
 - ▶ Vocabulary usage is excellent indicator of level of intelligence

Abstract vs. Concrete thinking

Proverb Interpretation and Similarities

Mental Status Exam

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Cognition Assessment

Level of Intelligence Assessment (continued)

Proverb Interpretation Examples:

some proverbs harder to interpret start with easy one and move to harder

A. A stitch in time save nine:

- ▶ **Abstract:** If you take care of some problem or issue when it is small, in the final analysis, will require less effort than if you wait.
- ▶ **Concrete:** If you put a stitch into your pants as soon as you see a tear, it will prevent you from having to put in nine stiches later when your pants keep tearing.

B. Do not cry over spilled milk:

- ▶ **Abstract:** What is done, is done. No need to worry about it. Just move on.
- ▶ **Concrete:** If you cry over milk you just spilled your tears will ruin the milk.

Mental Status Exam

100

Cognition Assessment

Level of Intelligence Assessment (continued)

Similarities:

1. How are an apple and an orange alike?

- ▶ **Abstract:** Both are fruits
- ▶ **Concrete:** Both are sold in Safeway

2. How is a tree and a fly alike?

- ▶ **Abstract:** Both are living things
- ▶ **Concrete:** Both are found in my backyard

Cognition Assessment

Level of Intelligence Assessment (continued)

Math Calculations: Are responses consistent with one's level of education?

► **Serial Seven Subtractions from 100**

- Note: also measures attention span and ability to focus on a task
 - For patients truly poor in math ask serial 3 subtractions from 20, or ask
 - A Real life example: "If oranges are 3 for \$1.00., and you buy 6 oranges, how much change would you get if you gave the cashier \$10.00?"

► **General Knowledge:**

- Name the last 5 Presidents of the US (in order ,beginning with the current), or
- What happened on 9/11/2001, or
- Note: Quite helpful if examiner knows the answer!

Mental Status Examination

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Cognition Assessment

► Memory

- Assessment of very short term memory (Registration):
 - Patient must repeat three items immediately after hearing them said by the examiner. (This assures words were heard and checks for immediate recall.)
- Short term memory: Patient must repeat the same three items 5 minutes after being asked them initially in registration) (Lost early in dementia).
 - **Please note:** Vital for therapist not to forget the 3 items, so, consider utilizing the same items for all patients
- Long term memory: Ask patient to recall events in past few days weeks/months/years (Lost last in dementia)

remember where they were born nad who family is

Three items
used by Dr.
Z. his entire
career.

CAR



HAT



BANANA



Korhnak

Mental Status Examination

104

- ▶ Level of Consciousness
- ▶ A Continuum
 - ▶ **Alert:** Responds appropriately to all perceptual input
 - ▶ **Drowsy:** Sleepy but aroused by aversive stimuli,
 - ▶ **Stuporous:** Repeated energetic stimulation needed to be aroused
 - ▶ **Comatose:** Neither verbal or motor response in spite of noxious stimuli

VIDEO

- Charlie Sheen interview
- Does he seem to exhibit any of the symptoms we have discussed in the MSE?

Interview

- ▶ You have completed your psychiatric Interview/ MSE. However, based on your mental status examination (MSE) you are concerned a patient might have cognitive deficits.
- ▶ Three additional tests one should consider using to help you decide:
 1. **Folstein Mini Mental State Exam (MMSE)**
(Copyright issues)
 2. **Montreal Cognitive Assessment (MOCA)**
 3. **Draw a Clock**

Mini-Mental State Exam

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SC

Interview

- ▶ **1. Mini Mental State Exam**
 - ▶ **Score** Points Poss.
 - ▶ **Orientation**
 - ▶ Yr, Season, Date, Day, Month 0-5
 - ▶ State, County, City, Hosp, Floor 0-5
 - ▶ **Registration**
 - ▶ Repeat 3 common things 0-3
 - ▶ **Attention/Calculation**
 - ▶ Serial 7's or DLROW 0-5
 - ▶ **Recall**
 - ▶ Repeat 3 items from above 0-3

Interview

► Mini Mental State Exam (continued)

► Language	<u>Poss. Score</u>
► Name a “Pencil” & “Watch”	0-2
► Repeat: “No if ands or buts”	0-1
► Follow command:	0-3
► Take paper in Right hand,	
► Fold paper in half	
► Put the paper on the Floor	
► Read & Obey “Close your Eyes”	0-1
► Write any sentence	0-1
► Copy a design	0-1
► Total	0-30

- ▶ **Mini-Mental State (continued)**
 - ▶ Remember, memory for recent event is lost earlier than long term memory
 - ▶ Score of < 25 indicates a potential problem in someone with a fifth grade education and needs to have follow-up.
 - ▶(Note: recent studies seem to indicate that in those individuals who have been highly educated, a score of less than 27 should raise concern).

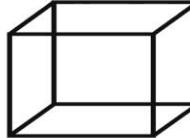
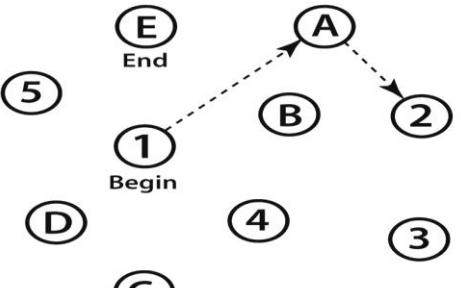
Test #2:
**Montreal Cognitive
Assessment**
(MOCA)

MOCA

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME :
Education :
Sex :
Date of birth :
DATE :

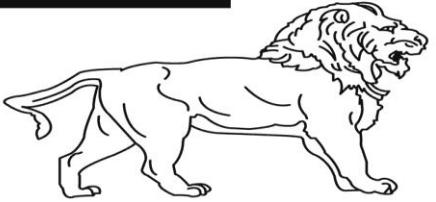
VISUOSPATIAL / EXECUTIVE



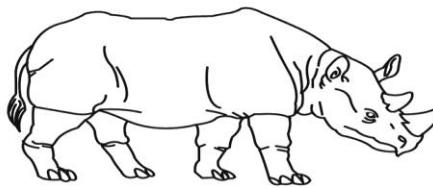
Copy cube
Draw CLOCK (Ten past eleven)
(3 points)

POINTS
[] Contour [] Numbers [] Hands _____/5

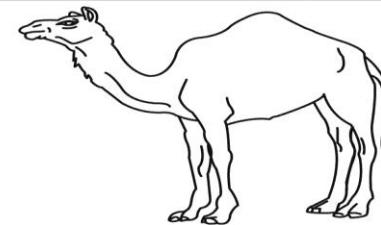
NAMING



[]



[]



[]

_____/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful.
Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED	No points
1st trial						
2nd trial						

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order

[] 2 1 8 5 4

Subject has to repeat them in the backward order

[] 7 4 2

_____/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

_____/1

Serial 7 subtraction starting at 100

[] 93

[] 86

[] 79

[] 72

[] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

_____/3

LANGUAGE

Repeat : I only know that John is the one to help today. []

The cat always hid under the couch when dogs were in the room. []

Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N \geq 11 words) _____/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit

[] train - bicycle

[] watch - ruler

_____/2

DELAYED RECALL

Has to recall words

WITH NO CUE

[]

[]

[]

[]

[]

Points for

UNCUED

recall only

_____/5

Optional

Category cue

[]

[]

[]

[]

[]

ORIENTATION

[] Date

[] Month

[] Year

[] Day

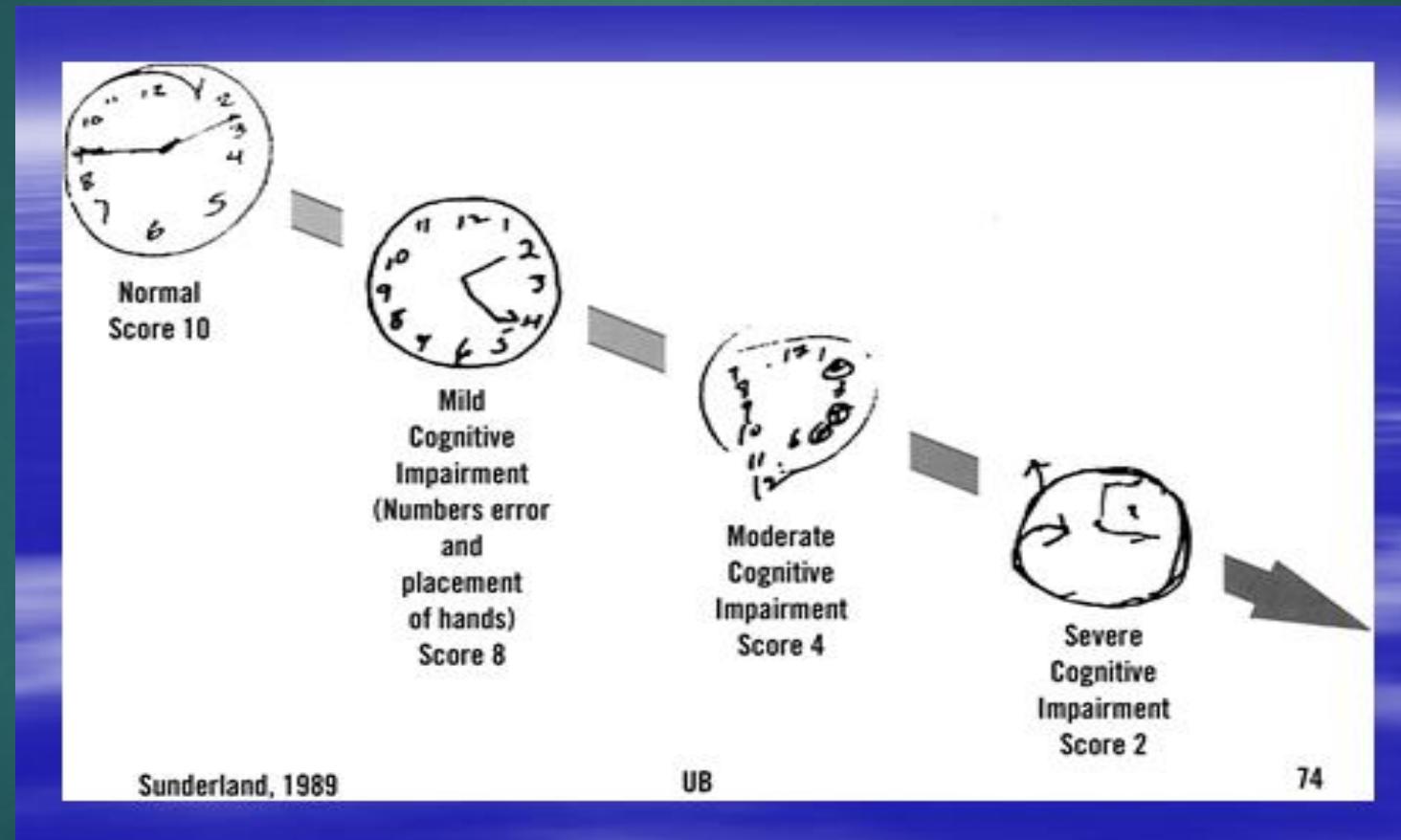
[] Place

[] City

_____/6

- 3. **Draw a Clock:**
 - ▶ A. Patient is asked to draw a clock with appropriate numbers.
 - ▶ B. Patient then asked to have the time set at a particular time such as: 10:40 or 3PM.
 - Good for picking up constructional apraxia and thus early dementia or delirium; Left hemisphere problems lead to time setting errors and right hemisphere issues lead to visual-spatial issues.
 - A. Watch for: are all 12 numbers present and inside clock circle, are any numbers duplicated?
 - B. Are numbers well spaced around the circle?
 - C. Are the two hands about where they should be?

Draw A Clock Test Examples



Interview

- **Laboratory Tests often employed in psychiatry**

- ▶ **Routine:** CBC, UA, FBS, make sure not currently using substances
- ▶ **Chemistry panel**
- ▶ **Thyroid function tests**
 - Hypothyroidism Associated with depression
- ▶ **Alcohol use (ETOH)**
- ▶ **HIV**
- ▶ **Drug Screen**

meds can alter labs in the future

- **Laboratory Tests (continued)**

- ▶ **Psychotropic drugs**

- **Lithium Mandatory (0.6-1.2-1.5MG/ML)** very small therapeutic window
 - **Antidepressants**

- ▶ **Cyclic Antidepressants**

- ▶ **Therapeutic window**

- ▶ **Nortriptyline/Amitriptyline**

- ▶ **Selective Serotonin Reuptake Inhibitors (SSRIs)**

- **Clozapine: Weekly then twice monthly CBC-Agranulocytosis**

Interview

- **Physical Examination**
 - ▶ Should be performed for all patients

article on why patients who were sent to ER to psych unit shouldn't have been sent there - emphasis on good physical exam and MMSE

Case Formulation

Case Summary

- Review of the Psychiatric Interview, and
 - Mental Status Examination,
 - ▶ Mini Mental State Exam if performed,
 - Physical Examination (PE), and
 - Laboratory and other tests performed
-
- Impression of the case
 - Differential /Diagnosis (DSM V)

Interview

- **Treatment Plan**
 - ▶ Medication
 - ▶ Hospitalization
 - ▶ Family Therapy
 - ▶ Consider Patient Goals
- **Prognosis**

Interviewing a Patient experiencing Psychosis

Some Key Principles

- 1. Do not challenge delusions, as this may alienate the patient**
 - a. Best to ask neutral question e.g., Tell me more about “X” or,
 - b. What made you believe “Y” was occurring?
- 2. Validate emotions, not the psychosis**
 - a. That sounds frightening
 - b. How did you feel when you heard the voice of Cleopatra?
- 3. Explicitly state emotions and intentions**
 - a. It makes me fell sad to hear how alone you felt
 - b. I am here to help you through this difficult period
- 4. Reflect the patient's own words**
 - a. You heard voices in the wall, could you tell me what they said?
 - b. If a patient uses clinical jargon, (e.g., paranoid) ask them what they mean by that word.

► Transference

- ▶ Patient Unconsciously projects his/her emotions / thoughts / wishes related to certain significant person(s) in the past onto the psychiatrist.
- ▶ Example: Patient unconsciously responds to a clinician in the same manner the patient responded to an authority figure from the past , such as a parent.
 - Patient distrusts her therapist because her own mother allowed her to be abused as a child by her step father.

The Doctor Patient Relationship

► Countertransference

- The physician unconsciously projects his or her own emotions from the past onto the patient, or onto the material the patient is presenting.
- Represents unresolved needs of the therapist.

