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Psychiatric interview

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1. To establish a therapeutic relationship with the patient
2. To collect, organize and formulate a differential diagnosis and treatment plan

•There are two types of interview:

1. **Initial interview:** conducted when the client is first conducted in the treatment setting.
2. **Informal interview:** may casually take place at different times during each day during the course of giving nursing care.

General Symptomology of Psychiatric Disorders

1-Disorder of Thought

A-Formal thought disorder

- Formal thought disorder refers to an impaired capacity to sustain coherent discourse, and occurs in the patient's written or spoken language.
- Formal thought disorder occurs when the order, sequence, attraction and alternations are lacking, thoughts do not fulfill their function, and ideas are just put together in a disconnected and loose manner.
- formal thought disorder indicates a disturbance of the organization and expression of thought.

• Clinical manifestations of formal thought disorder

1. Concrete thinking: described when using the literal thinking, without

understanding the implicit meaning behind sentences. Concreteness versus abstractness.

2.Abstract thinking: is the ability to understand concepts that are real, such as Freedom or vulnerability, but which are not directly tied to concrete physical objects and experiences.

3.Autistic thinking: thinking that gratifies unfulfilled desires but has no regard for reality, egocentric (self-centered) fantasy

B. Disorders of the stream of thinking.

are not separable from formal thought disorders. They are also related to the association and the goal directed sequence as well as to the speed of production, expression and succession of thoughts.

1- Tangentially: an association disturbance in which the speaker goes off the topic. When it happens frequently and the speaker does not return to the topic.

2-Circumstantially: Before getting to the point or answering a question, the person gets caught up in countless details and explanation.

3-Looseness of association: Thinking is haphazard illogical, and confused. Connections in thought are interrupted. Seen mostly in schizophrenic disorders.

4-Flight of ideas: rapid jumping from one idea to another. The connection between ideas is through last idea or external stimuli.

5- Clang association: The meaningless rhyming of words

6-incoherence or word salad: A mixture of words and phrases that have no meaning

7- Pressure of speech: is a tendency to speak rapidly and frenziedly. Pressured speech is motivated by an urgency that may not be apparent to the listener.

The speech produced is difficult to interrupt. Such speech may be too fast, erratic, irrelevant, or too tangential for the listener to understand.

8- Poverty of speech: speech that is brief and uncommunicative

9-Retardation: refers to slow speech and prolonged latent period before response

10-Blocking: sudden cessation of a thought in a middle of a sentence person is unable to continue the stream of thought

11-Perseveration: psychopathological repetition of the same word or idea in response to different questions.

12-Palilalia: it is the pathological repetition of the last word said

13-Echolalia: repetition the speech of another person irrelevant answer: answer that is not in harmony with question asked

14-Verbigeration: continual repetition of stereotyped phrases.

15-Irrelevant answer: answer that is not in harmony with question asked

16-Neologisms: Words a person makes up that only have meaning for the person himself

C. Disorder of the content of thoughts:

it includes:

- | | | |
|------------------|----------------------|--------------|
| 1) Delusion | 2) Overvalued ideas | 3) Obsession |
| 4) preoccupation | 5) Suicidal ideation | |

1- Delusion

- **Definition:** it is false fixed believe, not consistent with patient's educational, religion and cultural background, that cannot be corrected by logic or reasons.
- It is based on incorrect inferences about reality, It cannot be corrected by experience or reasoning.

Another categorization of delusions:

1. paranoid delusion .
2. delusion of influence .
3. depressive delusion .
4. hypochondriacal delusion

❖ **Paranoid delusion:** it is an intense strongly defended irrational suspicious belief. It includes the following:

- 1- **Delusion of grandeur:** false belief that one is a very powerful and important person.
- 2- **delusion of persecution:** false belief that one is chased by others
- 3- **Delusion of reference:** false belief that the behavior of others refers to one self (by people in street, radio, and newspaper are referring to him).
- 4- **Erotic delusion:** false belief that there is a love story between oneself and famous person.
- 5- **Delusion of jealousy:** conviction that the spouse has some definite relation with someone else.
- 6- **Delusion of infidelity:** false belief derives from pathological jealousy that one's lover is unfaithful. (It's an extreme of the jealousy delusion).
- 7- **Litigious delusion:** patient writes complaints and sends them to responsible person

❖ **Delusion of influence (delusion of control)** false belief that one is being controlled by others or agencies.

Depressive delusion :

a. **Delusion of self-blame**, guilt or sin: in which the patient believes that he is wicked, full of sins and unfit to live with other people (unworthiness).

b. **Delusion of poverty**: false belief that he lost everything in life.

c. **Nihilistic delusion**: false belief that a part of his body does not exist (dead).

❖ **Hypochondriacal delusion**: patient has false belief that he has physical disease e.g., cancer stomach, that is not based on real organic pathology.

2- Overvalued ideas:

are similar to delusions, but are not maintained to the same Degree and may seem less strange than delusions.

- Overvalued ideas may have an element of truth. For example, a person

Who works at a company may rigidly maintain the idea that he or she is the most valuable member of the company, that he/she will save the Company from ruin, or that he/she will soon be made president of the Company.

- People do not obsess over overvalued ideas to the same degree that they Obsess over delusions, but still become preoccupied by them to such a Degree that they interfere with normal functioning.
- A person with no computer science training might, for example, believe He is going to write the next great computer program and fixate on this Idea rather than pursuing training in computer science or going to work.

3- Obsessive thoughts:

- Obsessive thoughts are intrusive invading the conscious awareness against the resistance of the person in an involuntary way that is fully aware that they are unnecessary and absurd.
- If the patient's resistance succeeds to temporarily or partially control this intrusion, tension accumulates until it reaches an intolerable degree that compels the individual to yield and act out the obsessive behavior.

• **N.B.** the difference between delusion and obsession is that the latter is more absurd and the patient is aware of the absurdity and resists it most of the time

4- Preoccupation:

Centering of thought content around a particular idea associated with strong affective tone

5- Suicidal ideation:

it is a recurrent idea affecting the individual to put an end by himself to his own

II. Disturbance in Perception

1. Hallucinations:

- ✓ False perception for which no external stimuli exist.
- ✓ Hallucinations can have an organic or a functional etiology
- 1) **Visual:** seeing things that are not there .
- 2) **Auditory:** hearing voices when none are present
- 3) **Olfactory:** smelling smells that do not exist .
- 4) **Tactile:** feeling touch sensations in the absence of stimuli
- 5) **Gustatory:** experiencing taste in the absence of stimuli

2. Illusion:

- Illusion: It is a false perception with an external stimulus
- **N.B.** it may affect any of the special senses (auditory. Olfactory, etc.....)

3. Unreality status .

- a. **Depersonalization:** a phenomenon whereby a person experiences a sense of unreality or self-estrangement
- b. **Derealization:** the false perception by a person that his or her environment changed.

III. Disorder of Memory

1-Amnesia: is loss of memory and may be partial or complete the following are the different types of amnesia

- a. Anterograde amnesia: loss of memory for recent events
- b. Retrograde amnesia: loss of memory for remote events.
- c. Total amnesia: loss of memory for recent and remote events
- d. Circumscribed amnesia: loss of memory for limited time

2. Paramnesia: it denotes false recall .

- a. **Confabulation:** patient fills the gaps in his memory by fabrication
- b. **Falsification:** patient adds false details to a true memory

3. Hypermnesia: it's excessive memory, the patient mentions even unnecessary details

4.Déjà vu phenomena (already seen): in which new situation is experienced as previously

5. Jamais vu phenomena: in which familiar situation is experienced as novel

IV. Orientation, Disorientation

1. Orientation: the ability to relate the self correctly to time place and person

2. Disorientation: confusion and impaired ability to identify time place and person

V. Judgment

it is the ability to assess a situation correctly and act appropriately within that situation .

VI. Insight

- it is the ability to understand the objective condition of his illness.

• **N.B.** a patient with no insight will have poor judgment towards his social financial and domestic problems

VII.Attention and Concentration:

- it is the direction of the focus of awareness and perception to a particular stimulus
- **Destructibility:** inability to maintain attention, shifting from one area or topic to another with minimal provocation.

VIII. Disorder of Consciousness

Between conscious and unconscious there are various degrees of disturbed consciousness, some of them are:

1. **Confusion:** there is dimming or clouding of consciousness. All mental processes are slow.
2. **Delirium:** there is clouding of consciousness, the mental function shows quantitative changes:
 - a. Intellect: hallucination, illusion and disorientation.
 - b. Affect: fear and apprehension .
 - c. Behavior: restlessness
3. **Stupor:** there is complete suppression of motor activity, the patient does not respond to any stimuli neither external nor Internal.
4. **Fugue:** it involves memory loss as does psychogenic amnesia but it also includes traveling away from home or from one's usual work locale. Therefore, fugue involve flight forgetfulness.

IX. Disorder of Affect

- Affect is an objective manifestation of an experience of emotion .
accompanying an idea or feeling. The observation one would makes on
assessment e.g., a client may be said to have a flat affect.
- 1- Appropriate affect: (congruity) it is a harmony of affect and ideation.
- 2- Inappropriate affect: (incongruity) it is disharmony of affect and ideation.
- 3- Restricted affect involves slightly restrained expression.
- 4. Inadequate affect :
 - a. Apathy: it is the absence of both emotional experience and expression
 - b. Ambivalence: the holding at the same time of two opposed emotion ,
attitude, idea or wishes toward the same person, situation or object.
- 5- Blunted affect is a step above flat, with some mild expression present on

X. Mood Disorders

Mood: a pervasive and sustained emotion that in the extreme markedly colors the Person's perception of the world. It may be pleasant or unpleasant.

Pleasurable (Pleasant Mood)

1. **Euphoria:** it is a heightened feeling of psychological wellbeing inappropriate to Apparent events.(subjective feeling).
2. **Elation:** it is feeling of happiness with air of confidence and enjoyment Associated with increased motor activity.(objectively observed)
3. **Exaltation:** it is intense elation with feelings of grandeur and sarcasm.
(objectively observed)

Unpleasant affect

- 1.**Grief:** it is feeling of sadness appropriate to a real loss.
- 2.**Depression:** it is a psychopathological feeling of sadness

XI. Disorder of Behavior

1-Hyperactivity: it includes

a- Agitation: it some of hyper activity characterized by pacing and accompanied with restlessness.

b Excitement: it is severe form of hyper activity excessive purposeless motor activity and the patient may destruct himself or others.

2- Psychomotor Retardation

• extremely slow & difficult movement that in the extremes can entire complete inactivity & incontinence.

3. Repetitive activities:

1- Stereotypy: it is a monotonous repetition of certain movement without purpose

2 -Mannerism: it is a repeated movement, which is not monotonous & keeping with the personality character.

3- Perseveration: the involuntary repetition of the same thought, phrase, or motor response (brushing teeth, walking).

4- Waxy flexibility: it is the maintenance of imposed posture however abnormal with order they may be (arm up,) the absence of fatigue in such cases is remarkable.

5- Catalepsy: it is sustained immobility. The patient initiates the posture by himself

6 -Echopraxia: imitating the movement of another person.

7- Negativism: frequent opposition to suggestion e.g.

a) Motor: when he was asked to look up, he looks down.

b) Speech: when he asked question, he did not answer.

c) Visceral: retention of saliva, urine & feces

4. Impulsiveness: is an action that is sudden, abrupt, unplanned & directed toward immediate gratification.

5. Compulsion: uncontrollable impulse to perform an act repetitively

Abnormalities of sleep

- **Insomnia:** diminished or lack of sleep.
- **Hypersomnia:** excessive prolonged sleep
- **Parasomnia:** disturbed behavior during sleep

Thank you