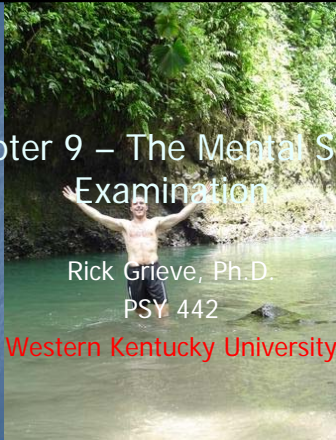


## Chapter 9 – The Mental Status Examination

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### Chapter Orientation

- The mental status examination (MSE) has held a revered place in psychiatry and medicine.
- It's also of growing importance to counseling, psychology, and social work
- This chapter focuses on the basic components of a mental status examination

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### Learning Objectives

- This chapter will help you be able to:
  - Describe a mental status examination (MSE) and brief MSE reports
  - Identify and manage individual and cultural issues during MSEs
  - List and describe the basic components of a typical mental status examination
  - Identify when you do and don't need to administer a complete MSE

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## What Is a Mental Status Examination?

- The mental status examination (MSE) is a semi-structured interviewing procedure that facilitates and organizes clinical observations pertaining to mental condition
- The primary purpose is to evaluate current cognitive processes

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## What Is a Mental Status Examination? II

- It's a method of organizing and evaluating clinical observations during an interview
- It's very common to medical settings
- It results in one medium-length paragraph describing the client's mental status

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## Sample MSE Report

- Let's read this together and think about what's there and what's not:
- Gary Sparrow, a 48-year-old heterosexual White male, was disheveled and unkempt upon arriving at the hospital emergency room. He wore dirty khaki pants, an unbuttoned golf shirt, and white shoes. He appeared slightly younger than his stated age. He looked agitated, frequently standing up and changing seats. He was impatient and sometimes rude. Mr. Sparrow reported that today was the best day of his life, because he had decided to join the professional golf circuit. His affect was labile, but appropriate to the content of his speech (i.e., he became tearful when reporting he had "bogeyed number 15").

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## Sample MSE Report (cont.)

- His speech was loud, pressured, and overelaborative. He exhibited loosening of associations and flight of ideas; he unpredictably shifted the topic of conversation from golf, to the mating habits of geese, to the likelihood of extraterrestrial life. Mr. Sparrow described grandiose delusions regarding his sexual and athletic performances. He reported auditory hallucinations (God had told him to quit his job to become a professional golfer). He was oriented to time and place, but claimed he was the illegitimate son of Jack Nicklaus. He denied suicidal and homicidal ideation. He refused to participate in intellectual- or memory-related portions of the examination. Mr. Sparrow was unreliable and had poor judgment. Insight was absent.

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## Individual and Cultural Considerations

- Thinking about Objectivity
  - Total objectivity is impossible
  - Your mood and beliefs can interfere with or help with your objective mental status evaluations
  - Be sure to keep your emotional sensitivity in your MSE process

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## Individual and Cultural Considerations II

- Individual and Cultural Considerations
  - Keep in mind the many ways individuals vary in their behavior and abilities
  - Normal behavior within one culture, may appear disturbed or irrational within another culture

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## The Danger of Single Symptom Generalization

- What are some common single symptoms (other than type of mustache☺) that clinicians might be prone to overinterpret?
- Do you have any particular biases about this?
- Why is it so easy to be overconfident in our judgments?

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## Three Guidelines

- When you spot a single symptom of interest, begin scientific-mindedness
- Remember: Hypotheses are not conclusions
- Don't make wild inferential leaps without consulting first

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## The Generic MSE

- Appearance
- Behavior/psychomotor activity
- Attitude toward the examiner
- Affect and mood
- Speech and thought
- Perceptual disturbances
- Orientation and consciousness
- Memory and intelligence
- Reliability, judgment, and insight

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## Appearance

- Appearance in a MSE focuses on physical characteristics
  - Grooming
  - Dress
  - Make-up
  - Facial expressions
  - Weight/height
  - Body piercing/tattoos
  - Others?

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## Behavior or Psychomotor Activity

- Behavior or Psychomotor Activity in a MSE focuses on physical movement
  - Excessive or limited movement
  - Eye contact and eye movement
  - Grimacing or fidgeting
  - Gestures
  - Posture

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## Attitude Toward Examiner (Interviewer)

- Attitude Toward the Examiner in a MSE refers to how the client behaves toward the interviewer; examples include:
  - Cooperative
  - Hostile
  - Indifferent
  - Manipulative
  - Open
  - Seductive
  - Suspicious

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## Affect and Mood

- Affect and Mood refers to moment-to-moment emotional tone as observed by the interviewer (affect) and the client's subjective and self-reported mood state
  - Affect is usually judged in terms of content, range/duration, appropriateness, and depth/intensity
  - Mood is based on client self-report

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## Speech and Thought

- Speech and Thought
  - Speech is evaluated on the basis of
    - Rate (speed)
    - Volume (loudness)
    - Tone (quality)
    - Amount (density)
  - Thought is evaluated in terms of both process and content

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## Thought Process

- Thought Process descriptors include:
  - Blocking
  - Circumstantiality
  - Clanging
  - Loose Associations
  - Neologisms
  - Perseveration
  - Word salad

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## Thought Content

- Thought Content descriptors primarily include:
  - Delusions (of persecution, grandiosity, etc.)
  - Obsessions
  - Suicidal or homicidal thoughts

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## Perceptual Disturbances

- Perceptual Disturbances include hallucinations, illusions, and flashbacks
  - Hallucinations may occur in any sensory modality, but are most commonly auditory
  - Illusions have some basis in reality
  - Flashbacks consist of sudden and vivid sensory-laden recollections of previous experiences

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## Asking About Perceptual Disturbances

- Greasing the wheels to help the patient feel comfortable sharing information
- Uncovering the logic associated with the delusional material
- Determining the client's insight and how much distance he/she has from the symptom

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## Orientation and Consciousness

- Orientation and Consciousness refers to clients' awareness of themselves and situation
  - Clients are evaluated in terms of orientation to person, place, time, and situation
  - Consciousness is rated from Alert to Comatose

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## Orientation

- Questions about orientation include:
  - What is your name?
  - Where are you (i.e., what city or where in a particular building)?
  - What is today's date?
  - What's happening right now? Or Why are you here?

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## Memory and Intelligence

- It's risky to assess Memory and Intelligence in a short interview
- Only general statements are usually made
  - Remote, recent, and immediate memory can be assessed
  - Because intelligence is often based on verbal facility, special care should be taken when working with diverse clients

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## Memory Terminology

- Confabulation refers to spontaneous and sometimes repetitive memory fabrication or distortion
- When clients acknowledge memory problems it's referred to as subjective memory complaints
- Pseudodementia is used when depressed clients with no organic impairment suffer from emotionally-based memory problems

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## Reliability, Judgment, and Insight

- Reliability refers to a client's credibility or trustworthiness
- Judgment involves client ability to make constructive or adaptive choices
- Insight refers to the client's understanding of his/her problems

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## When to Use MSEs

- MSEs are more appropriate as the client's suspected level of psychopathology increases
- MSEs must be used with great caution with culturally diverse clients
- Like all evaluation procedures, MSEs are culturally biased in one way or another

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