Comprehensive Assessment

- Enables nurse to:
  - Make sound clinical judgments
  - Plan appropriate interventions

Scope of Practice

- Collect and prioritize data.
- Involve others in the process.
- Demonstrate effective interviewing skills.
- Use evidence-based assessment instruments.
Scope of Practice - continued

- Use analytical problem solving.
- Ensure consents are obtained.
- Synthesize data and information.
- Use therapeutic principles.
- Document relevant data.

Psychiatric History

- Current condition
- Previous diagnosis
- Previous interventions and treatments
- Family history

Categories of Data

- Complaint/reason for admission
- Present symptoms
- Previous hospitalizations and treatments
- Personal history
- Personality
Collecting the Data

- The interview:
  - Gather information.
  - Establish rapport.
  - Structure the interview.
  - Keep the pace comfortable.

Interviewing Basics

- Do not rush the client in gathering the data.
- Respect the client’s need for minimal distractions.

Mental Status Examination

- Purpose:
  - Gather objective data.
  - Deal immediately with any risk of violence or harm.
MSE Categories

- General behavior, appearance, attitude
- Characteristics of speech
- Emotional state
- Content of thought
- Orientation

MSE Categories - continued

- Memory
- General intellectual level
- Abstract thinking
- Insight

General Behavior, Appearance, Attitude

- Physical characteristics
- Apparent age
- Manner of dress
- Use of cosmetics
- Personal hygiene
- Responses to the examiner
General Behavior, Appearance, Attitude - continued

- Also included:
  - Posture
  - Gait
  - Gestures
  - Facial expression
  - Mannerisms
  - Client's general activity level

Characteristics of Speech

- Loudness
- Flow
- Speed
- Quantity
- Level of coherence
- Logic

Emotional State

- Evaluate pervasive or dominant mood or affective reaction.
- Identify objective and subjective data.
Emotional State - continued

- Pay attention to:
  - Constancy.
  - Change.

- Use descriptive terms.

Content of Thought

- Special preoccupations and experiences
  - Delusions, illusions, hallucinations
  - Depersonalizations, obsessions, compulsions
  - Phobias, fantasies, daydreams

Orientation

- Time
- Place
- Person
- Self or purpose
Memory

- Attention span
- Ability to retain or recall past experiences
- Includes both recent and remote past

General Intellectual Level

- Nonstandardized evaluation of intelligence
- General grasp of information
- Ability to calculate
- Reasoning
- Judgment

Abstract Thinking

- Ability to:
  - Make distinctions between abstractions.
  - Interpret simple fables or proverbs.
**Insight Evaluation**

- Recognizing the significance of the present situation
- Feeling the need for treatment
- Explaining the symptoms
- Making suggestions for treatment

**Summary**

- Conclude the examination with important psychopathologic findings and a tentative diagnosis.
- Pertinent facts from the medical history and/or physical examination should be added.

**Interview with Larry**

Click here to view a video featuring "Larry", who has been diagnosed as having paranoid schizophrenia.
### Mental Status Examination
- Data to determine etiology, diagnosis, prognosis, safety issues
- More comprehensive than Mini-Mental State Exam
- Identify the personal present mental status.
- Sequence in obtaining the data can vary.

### Mini-Mental State Exam
- Questions must be asked in the order they are listed.
- Cover the scope of a client’s thinking and reactions.
- Total score indicates the likelihood and level of cognitive decline.
- The maximum score is 30 points.

### Mini-Mental State Exam - continued
- It is used if there is not enough time to complete a full MSE.
- Main focus of the exam is cognitive functioning, but mood can be assessed.
Mini-Mental State Exam - continued

- Client must be able to see and write.
- If client is unable to perform an activity, use Mental Status Examination.

Biologic and Neurologic Assessment

- Objectives
  - Detection of underlying/unsuspected organic disease
  - Understanding of disease as a factor in the overall psychiatric disability
  - Appreciation of somatic symptoms that reflect psychological rather than physiologic problems

Biologic History

- Facts about known physical diseases and dysfunction
- Information about specific physical complaints
- General health history
  - Occupational assessment
  - Potential exposure to toxic substances
  - Medications the client is taking
Observations

- Gait
- Hygiene and dress
- Motor/neurological
- Weight
- Observe skin color

Neurologic assessment

- It is mandatory for each client suspected of having brain dysfunction.
- Goal is to discover signs pointing to cerebral dysfunction or cerebral disease.

Positron-emission Tomography

- Detect seizure activity.
- Evaluate sleep disorders.
- Detect disorders, trauma, and strokes.
- Examine the blood flowing to the brain.
- Identify cerebral atrophy, cerebral hemorrhage, cerebral infarct, hematomas, and abscesses.
Psychological Testing: Personality

- Projective personality tests
  - Rorschach Test, Thematic Apperception Test, Sentence Completion Test
- Objective personality tests
  - Minnesota Multiphasic Personality Inventory-2, State–Trait Anxiety Inventory, Millon Clinical Multiaxial Inventory–II, and Beck Depression Inventory

Psychological Testing: Cognitive Function

- Stanford-Binet Intelligence Test
- Wechsler Adult Intelligence Scale–III
- Wechsler Intelligence Scale for Children–II
- Raven’s Progressive Matrices Test

DSM-IV-TR Multiaxial System

- It is evaluated on five axes, each dealing with a different class of information about the client.
- Multiaxial assessment is congruent with holistic views of people.
- It recognizes the role of environmental stress in influencing behavior.
- Data addresses adaptive strengths as well as symptoms or problems.
DSM-IV-TR Multiaxial System

- Axis I: Clinical disorders
- Axis II: Personality disorders/mental retardation
- Axis III: Present medical conditions
- Axis IV: Psychosocial/environmental factors affecting client
- Axis V: Global Assessment of Functioning

Axis I: Clinical Disorders

- Includes psychological factors that would affect a physical condition:
  - Medication-induced movement disorders, relational problems, and others

Axis I: Clinical Disorders - continued

- Includes conditions which may be a focus but may not constitute a clinical syndrome:
  - Marital problems
  - Occupational problems
  - Parent–child problems
Axis II: Personality Disorders

- Contains:
  - Personality disorders diagnosed in adults
  - Developmental disorders diagnosed in children and adolescents
- It is also used to report maladaptive personality traits.

Axis III: General Medical Conditions

- Physical disorders and medical conditions that must be taken into account in planning treatment
- They are relevant to understanding the etiology or worsening of the mental disorder.

Axis IV: Psychosocial/Environmental Factors Affecting Client

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
Axis IV: Psychosocial/Environmental Factors Affecting Client - continued

- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime

Box 11.7 Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health/illness. Do not include impairment in functioning due to physical or environmental conditions.

Axis

01

1) Systematic functioning in a wide range of activities. The client is able to function independently, appropriately, and effectively.

2) Occasional problems in social, work, school, or family functioning, or with mood.干涉 impaired in one or two areas.

3) Some social, occupational, or interpersonal problems. Minor role limitation.干涉 appeared to be stable and unchanging.

4) Minor social/occupational role impairment. Interpersonal relationships were only mildly impaired.干涉 appeared to be stable and unchanging.

5) Moderate social/occupational role impairment. Difficulties with interpersonal relationships and work.干涉 appeared to be stable and unchanging.

6) Serious social/occupational role impairment. The client has difficulty with interpersonal relationships, work, and family life.干涉 appeared to be stable and unchanging.

7) Severe social/occupational role impairment. The client is unable to function independently, appropriately, and effectively.干涉 appeared to be stable and unchanging.

Box 11.7 continued Axis V: Global Assessment of Functioning (GAF) Scale

Box 11.7 continued Axis V: Global Assessment of Functioning (GAF) Scale
Axis V: Global Assessment of Functioning – continued

- Information is used to plan treatment.
  - Develop nursing diagnosis.
- Predict outcomes
  - Set goals for client behavior.
- Measure impact of treatment
  - Evaluate client response to goal/treatment.

Documentation Systems

- Nursing care plans
- Problem oriented documentation
- Clinical algorithms

Documentation: Nursing Responsibility

- Maintain confidentiality.
- Documentation: legal and clinically relevant expression of care given to the client and the client’s response to that care
- Respect for the client’s self-disclosures is a measure of the nurse’s trustworthiness.
Resources

- [http://www.apna.org](http://www.apna.org)
  The American Psychiatric Nurses Association is the specialty organization for nurses engaged in various levels of psychiatric nursing. This site includes standards and competencies for practice.

- [http://www.amicus-mhna.org/guideassessment.htm](http://www.amicus-mhna.org/guideassessment.htm)
  The Mental Health Nurses Association: Assessment Guide provides information to assist with organizing and conducting a nursing assessment on a client with a mental illness.

- [http://www.priory.com/gloss.htm](http://www.priory.com/gloss.htm)
  This Priory Medical Journals site provides a glossary of terminology used in psychiatry.