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. GAF scores do not include impairment in functioning due to physical or environmental limitations. Examples:

- 180: Severely disturbed and unable to function in any role, requires hospitalization
- 120: Severely disturbed and unable to function in any role, requires hospitalization
- 90: Severe disturbance in all areas, requires very close supervision
- 60: Moderate disturbance in all areas, requires close supervision
- 30: Severe disturbance in all areas, requires constant supervision

Box 11.7 continued: 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.