Pediatric Mental Status Exam

Martha J. "Molly" Faulkner, PhD, CNP, LISW
University of New Mexico, Dept of Psychiatry,
Division of Community Behavioral Health

Agenda

Mental Status Exam

- What Is a Mental Status Exam?
- General Guidelines
- Who Does a Mental Status Exam?
- Elements of Mental Status Exam
- Tools
- Summary

Objectives

- Recognize the mental status exam (MSE) as both a psychiatric and neurologic evaluation.
- Identify elements of the pediatric MSE.
- Outline, assemble, refine and conduct the MSE in a systematic manner for individual clinician use.

What Is a Mental Status Exam?

- Mental status examination in USA or mental state examination in the rest of the world, abbreviated MSE, is an important part of the clinical assessment process in psychiatric practice.

What is a Mental Status Exam? (cont'd)

- A structured way of observing and describing a patient's current state of mind, under the domains of

Domain	State of Mind
Appearance (dress, cleanliness, slim, obese, posture, eye contact, quality)	**Thought Processes** (goal directed, circumstantial, concrete, derailed, disorganized)
Attitude (demeanor, friendly, hostile, agitated, relaxed)	**Thought Content** (unremarkable, day's events)
Behavior/Motoric (wnl, hyperactive, slow, vegetative, lethargic)	**Perception** (hallucinations, odd perceptions, paranoia)
Mood and Affect (happy, anxious, sad, manic, bright, congruent, expansive)	**Cognition** (above, average, below, delays)
Speech (speed, rhythm, volume, prosody)	**Insight and Judgment** (limited, age appropriate, good, poor, nil)

What Is a Mental Status Exam? (cont'd)

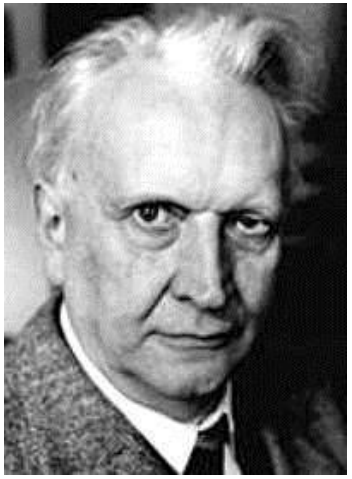
- One *component* of a neurological or mental health/psychiatric assessment.
- A *learned clinical skill*, not an innate aptitude
- Requires *effort* to develop and *practice* to maintain

Definition

- The MSE originates from an approach to psychiatry known as descriptive psychopathology or descriptive phenomenology which developed from the work of the philosopher and psychiatrist Karl Jaspers.

Karl Theodor Jaspers

- a German psychiatrist and philosopher who had a strong influence on modern theology, psychiatry and philosophy.



Karl Jaspers

- the only way to ***comprehend*** a patient's experience is through his or her own description (through an approach of empathic and non- theoretical enquiry), as distinct from an interpretive or psychoanalytic approach which assumes the analyst might understand experiences or processes of which the patient is unaware, such as defense mechanisms or unconscious drives.

- MSE is a blend of empathic descriptive phenomenology and empirical clinical observation.

MSE is too often overlooked these days, and is as essential to good clinical practice as auscultation, palpation, and percussion.

General Guidelines

Create the Setting

Establish Rapport

-Welcome The Child

-Have parent in room if soothing to child

-Privacy- close door

-Basic Human Comforts

-Calming and Respectful Demeanor

-Encourage Open Communication

-Acknowledge and Validate Child's Distress/Concerns

General Guidelines **(continued)**

- Ask Open Ended Questions
- Allow Client to Explain Things in His/Her Own Words
- Encourage to Elaborate, Explain
- Avoid Interrupting
- Guide Interview as necessary
- Avoid asking "why?" instead ask, "help me understand."
- Listen and Observe for Cues from Client

General Guidelines (cont'd)

- MSE is more than simply a means of gathering information.
- It is also therapeutic, the first contact with patient .
- MSE sets the stage for your **future relationship**.
- **Empathic, warm, yet neutral** can be very soothing even to a child who is very agitated, depressed, frightened, or angry.
- **You** may be rushed and distracted by other things, but your patient will often remember your first encounter even years later.

- Empathy
  - Not synonymous with liking the patient—Rather, it reflects our appreciation that another person is suffering and experiencing difficulty, and needs the full benefit of our care and expertise."

Conducting the MSE

The routine MSE in 15-30 minutes,

Probes

- Cognition
- Emotions
- Behavior
- Motor Activity

Examination takes longer to teach and describe than it does to perform.

- "The first MSE with a patient serves as reference point against which all subsequent exams—by the same clinician or others—will be compared," Dr. Deutsch.

"An examiner needs to train herself/himself so that her/his examinations are consistent over time and as objective as possible."

Purpose-

- obtain a comprehensive cross-sectional description of the patient's mental state, which, when combined with the biographical and historical information of the psychiatric history, allows the clinician to make an **accurate** diagnosis and formulation, which are required for coherent treatment planning.

Information

- collected through a combination of direct and indirect means:
- unstructured observation
- while obtaining the biographical and social information, focused questions about current symptoms
- and psychological tests.

Who Does a Mental Status Exam?

Trained

- Nurses
- Counselors
- Therapists
- Physicians
- Psychiatrists
- Nurse Practitioners

Elements of MSE

I. Appearance, Attitude, Behavior, and Social Interaction

II. Motor Activity

III. Mood

IV. Affect

Elements of MSE (cont'd)

V. Speech

VI. Thought Processes

VII. Thought Content

VIII. Intellectual Functioning

XI. Judgment and Insight

I. Appearance, Attitude, Behavior, and Social Interactions

- Dress (age appropriate?)
- Ease in Separation from Parent
- Manner In Relating (regressed?)
- Attention Span
- Speech and Language

Appearance

- Does the child appear to be well-nourished and well-developed; is he overweight or too thin?
- Is the child well-groomed, well-dressed and attentive to personal hygiene?
- Who accompanies the child?
- Are they sitting, standing, lying down?
- Eye contact and relatedness?

II. Motoric Activity

- Hyperactive
- Still
- Fidgets
- Into EVERY toy
- Gross (large muscle groups) or
- Fine (small muscle groups)
- Motor Coordination

Ill Mood

- "How do you feel;" this is patient's subjective self-report and is best presented as direct quotes in the patient's own words (eg, "I feel angry.").
- Fantasies, Feelings, and Inferred Conflicts
- **Nonverbal Clues to Feelings**
- Clues to Depression
- **Anxiety**

IV Affect

- Does the patient display the normally
- expected range of facial expressiveness
- -a narrowing or constriction of affect
- -a "flattening" of affect?

IV Affect (cont'd)

Does the facial expressivity show lability (rapidly changing mood, tearful, difficult to control); is the lability marked?

Is facial expressivity and affectual displays appropriate with respect to: prevailing mood, ideational content?

V Speech

- **Think about music and describe the musical qualities of speech**
- **~ rate, rhythm, loudness and tonality. ~note unusual pauses or latencies, articulation problems, and stuttering and stammering**

~prosody.

VI Thought Processes

- Listen!
- Flow and production
  - Paucity
  - Overproductive
  - Rapid
  - Coherent/Incoherent
  - Understandable?

Thought Processes (continued)

- Do they:
- ~respond to questions in a logical, relevant
- coherent and goal-directed manner?
- ~give too much, unimportant detail (ie, circumstantial)?
- ~skip from topic to topic not elaborating
- fully on any one of them (ie, tangential)?

Thought Processes **(cont'd)**

- repeat words, phrases and thoughts and have difficulty switching topics (ie perseverative)?
- Use words idiosyncratically?
- Use words in a way that doesn't adequately serve the purpose of social communication?
- Do they have receptive/expressive issues?

VII Thought Content

- Do they:

~have overvalued ideas?

~express firmly held, fixed false beliefs that cannot be explained by the patient's culture or religion?

~have any unusual sensory experiences or perceptions; if so, in which sensory modality? hallucinations?

~ have active suicidal or homicidal ideation, intent and plan; e latter must be thorough and tailed.

VII Thought Content (cont'd)

- Hallucinations
- - Auditory Hallucinations
- - Visual hallucinations
- -Obsessions and Compulsions
- - Imaginary Companions

VIII Intellectual Functioning

- Orientation to Time, Place, Person and Situational Context

Cognition: Assess domains of cognition.

- Attention and working memory-

~have child spell short words forwards and backwards

~days of week and then backward

~months of year and then backward

VIII Intellectual Functioning (cont'd)

- Registration and short-term memory ask child to repeat a list of three items presented earlier in the interview-always keep same 3
- long-term memory ask where they went to school previously and currently, calculations (serial subtraction of 3's or 7's), and visuospatial ability (ask the patient to draw a geometric figure from a sample and later from memory).

VIII Intellectual Functioning (cont'd)

Abstraction

Evaluate with similarities/differences of apple and orange and
proverbs – "what does 'you can lead a horse to water but you can't make him drink' or ' even monkeys fall out of trees' mean?"
Estimated Intelligence "average", "above", "below", "unable to determine"

XI. Judgment and Insight

- Judgment regarding **day to day behaviors**
- Insight into **why they are here**, having behavior problems, anxiety, depression, anger
- **Rate or Specify:** Excellent, good, impaired, poor, nil

Multicultural and Special Populations in Brief

- Developmental Disabilities
- Cultural Diversity
- Preschool Children

Developmental Disabilities

- Interventions should be tailored to each child, however…
- Must look for sensory issues
- Some children have a hyper arousal and others hypo arousal
- Must adjust your MSE to the child's needs and abilities… language, activities and expectations

Cultural Diversity

- As with any people be careful of your own assumptions
- Self assessment of own bias and prejudice

- Be willing to examine what you "think to be true"
- MSE makes assumptions "so called normal behaviors and processes" despite cultural considerations NOT SO!

- Can lead to misdiagnosis
- Affect, eye contact, thought processes
- Family involvement may be preferred, or not… assess, ask, seek

Cultural Diversity (con'td)

- Acculturation and its variability within the same family or different contexts

- Impt to learn about cultures but realize the broad diversity within each culture, tribe, country, location… even in NM

- Problems with assessment occurs when clinicians ignore ethnic variables because of narrow definitions, political and economic factors that help distinguish culture

Cultural Diversity (con'td)

- Limited eye contact may be sign of respect and not necessarily pathological
- Family involvement essential
- Cultural norms for child and family important to identify
- Longer term therapies may be important
- Therapists' investment in the family and child critical
- If tx lives on a reservation – observed for behavior that is congruent to tribal values

Preschool Children

- Be spontaneous, willing to be silly- helps determine child's ability to connect and be in relationship
- **Regulation of emotions/activity**
- **Self soothing capacity**
- **Sensory Integration-*Alert Program***
- **Transitions**

Preschool Children (cont'd)

- Speech
- Play/Fantasy
- Unusual Behaviors
- Sleep Patterns
- Interpersonal Behaviors- with caregiver,

  with clinician

Summary

- MSE is an important aspect of psychiatric and neurologic assessment of children.
- Clinical skill that must be learned and individually refined by the clinician
- Importance of assessing children and adolescents in a systematic way

Tools

- Sent Folder of Assessment Tools
- Will send these to conference planners

References

- Interview with Stephen Deutsch, MD, April 2, 2007, The Elements and Import of the Mental Status Examination Associate Chief of Staff, Mental Health Service Line, Department of Veteran Affairs Medical Center; Professor of Psychiatry, Georgetown University School of Medicine
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- Culture and Therapeutic Process: A Guide for Mental Health Professionals edited by Mark M. Leach, Jamie D. Aten