

Clinical Assessment:

Techniques, Strategies, Adaptations

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A.M.B.E.R. clinic
Albuquerque Multidisciplinary Behavioral Evaluation for
Recovery and Resiliency

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Techniques

- **Arrange schedules to minimize rushing.**
- **Get independent sources of information.**
- **Listen to ALL the information.**
 - **spoken, unspoken**
 - **alliances**

Techniques

- **Create alliance by reducing nonverbal threats**
 - **Positioning in the room**
 - **Angle of interactions**
- **Answer questions; explain procedures or steps**
- **Involve patient in discussion & consent process**
 - **Make sure no one is rendering patient invisible**

Techniques

- **Do not have to do everything in one day!**
- **Develop desensitization plans for procedural anxiety.**
- **Record signs and symptoms without diagnostic categorization.**
 - **Permits re-examination of hypotheses**

Strategies

- **Create atmosphere in which patient will reveal their understandings.**
 - **Safe environment**
 - **Respecting confidentiality**
- **Use patient's communication of symptoms or distress more than support staff articulation(s).**

Strategies

- **Keep record system for reference**
- **Note sources of information, corroboration**
- **Consider environmental, emotional, physiological factors contributing to behavior and intention**
- **Assume the person is alive**

Adaptations

- **For procedures:**
 - **Desensitize in stepwise fashion**
 - **Introduce people as is feasible; allow the patient to control the rate of exposure**
 - **If routine exam you will gain a lot by taking even a year to gain trust**
- **Create opportunities to observe the action or behavior of interest**

Adaptations

- **Atypical presentations of common diagnoses**
 - **Aggression may be masking depression**
 - **Pain is most frequent cause of changed behavior and altered sleep**
- **Nonverbal communication**
- **Inability to follow commands for AIMS**

Adaptations

- **Observe the patient's response to other people talking about their interactions, talking for the patient.**
- **Accept questions as a way to make you real in the patient's world**
- **Use the multi-axial system of diagnosis**

Putting it together

- **Have to take a little time**
 - **Synthesize information, observations, expectations...**
- **Bio-psycho-social; holistic approach**

Clinical Assessment

- **There has to be a purpose to clinical examination**
- **What does this report answer, to whom?**
- **Are medications warranted?**
- **Is psychotherapy available?**

Communication

- **Information has to go to the team providing supports.**
 - **Written report; oral report**
- **Psychological support is needed by everyone on the team**

Communication

- **New findings, or new complications should be disseminated**
- **Team members need to challenge each other to develop and maintain best practices.**

Next presentation:

9-17-2012

Psychopharmacology

– first of a series

resources and back issues can be found at Continuum
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>