

Non Verbal Mental Status Exam (NVSE)

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

Alya Reeve, MD, MPH
University Of New Mexico Health Sciences Center
Professor of Psychiatry, Neurology & Pediatrics
PI, Continuum of Care

Overview

- **Purpose of the mental state examination**
- **Repeated examinations**
- **Non-verbal is a form of communication**

What is our goal?

- **Humans communicate**
 - **tell stories, share experiences**
 - **lodge complaints**
 - **manipulate for our interest**
 - **reciprocal social interactions**
- **Assist to improve functioning in life**

Why MSE?

- **Some motor behavior is represented by neuro-muscular system**
 - **CNS and PNS – field of Neurology**
- **Emotions, attitudes, planning occur even when there is damage to the CNS – field of psychiatry, psychology, behavioral medicine...**
- **Systematic use of questions and expected replies characterize a “normal” mental functioning**

NVMSE

- **Non Verbal Mental Status Exam**
- **Observation**
 - **Direct; with others; on own**
- **Interaction**
- **Best; stressed; worst**
- **Incorporate historical elements**

NVMSE - Observations

- **Tempo of responses?**
 - **Fast? Slow? Variable?**
 - **Immediate? Delayed?**
- **Sensory sensitivities**
 - **sound/visual/kinesthetic**
- **Focus**
 - **attention duration**
 - **object of attention**
 - **modality of attention**
- **Distractibility**

NVMSE - Observations

- **Patient – examiner**
- **Patient – Family/Caregiver(s)**
 - **Eye contact**
 - **Physical proximity**
 - **Assent/dissent to spoken reports**
- **Patient – Strangers**
 - **Clear differentiation?**
 - **Awareness of difference in expectations?**

NVMSE - Interactions

- **Passive recipient**
 - **waits**
- **Active initiator**
 - **direct request**
 - **creating a distraction/problem**
 - **noise**
- **Tensing/relaxing**
- **Cuing?**

NVMSE - Patterns

- **Best functioning**
 - **What circumstances keep novel situations safe**
 - **Individualized tools?**
- **Functioning under stress**
 - **Is there a gradient of response**
 - **How much warning before decompensating**
- **Worst (problem) functioning**
 - **Assess risk for self-harm or harm to others**

NVMSE – Historical information

- **Similar questions across time and settings**
- **Specific locations**
- **Demonstration of exceptions**
 - **Good and Poor**
- **Past events – do they pertain to current period?**

ASD Symptoms

- **Focused interests**
 - collections
 - selective interests
 - idiosyncrasies
- **Decreased flexibility**
 - insistence on following their preferences
 - adherence to rules

NVMSE

- **Orientation:** person, place, time/date, situation
- **Mood/affect:** feeling state, veg.sx/ expression
- **Thoughts:** organization, breadth, concentration
- **Perceptions:** hallucinations, (IOR, beliefs difficult)
- **Memory:** recognition and recall; use historical info
- **SI/Hi:** actions, risks, disregard for safety
- **Insight:** awareness of needing others, self-need
- **Judgment:** ability to read settings, accept guidance

NVMSE

- **Documentation**

- **Direct actions**
- **Reported activities**
- **Observations**
- **Format so can compare results at future dates**

Challenges

- **Staring into space**
 - bored, seizure, ignoring, deaf, fantasy
- **Fidgeting**
 - anxiety, agitation, depression, dementia, toxic, bathroom break
- **Avoiding eye contact**
 - cultural, neurologic, fear/PTSD, ASD, background
- **Screaming**
 - pain, sensitivity, blocking inputs, protest
- **Self-injury**
 - anxiety, pain tolerance, compulsion, displaced anger

Summary

- **MSE important window into mental functioning of all individuals**
- **Habit of documenting changes**
- **Monitor effects of medication changes**
- **Use body and space indicators of sense of self, energy, engagement, purpose and experience.**