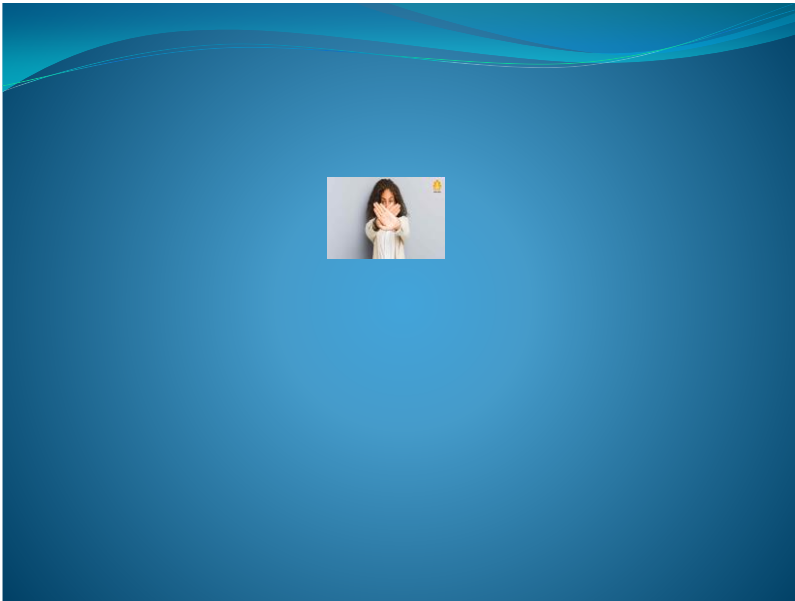


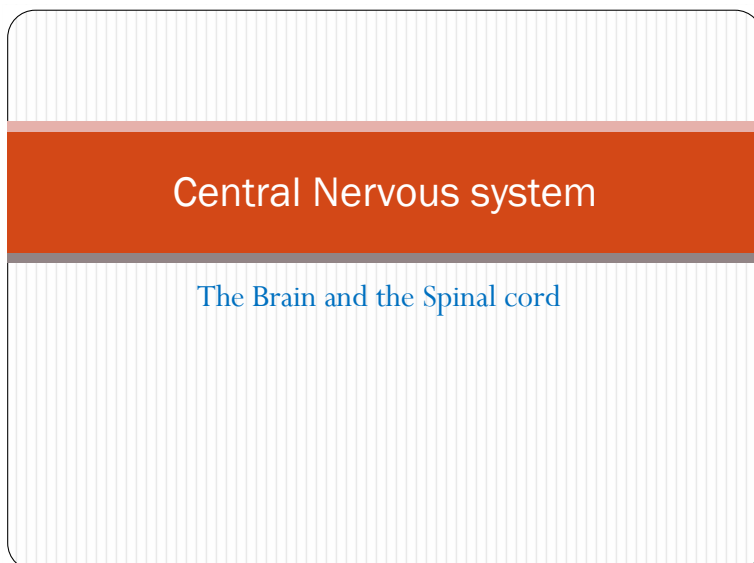
Link of Study Materials for PGDPC 103:

- <https://www.goodtherapy.org/learn-about-therapy/issues/child-and-adolescent-issues/common-issues>
- <https://leverageedu.com/blog/educational-counselling/>

1. Study Material for PGDPC 107:



2. Brain and Behaviour:



### 3. The Mental Status Exam (MSE)

#### **The Mental Status Exam (MSE)**

**Purpose** The Mental Status Exam (MSE) is a series of questions and observations that provide a snapshot of a client's current mental, cognitive, and behavioural condition.

**Goals** The Mental Status Exam has the following three goals:

- (1) To get a baseline measure of psychological functioning
- (2) To get a measure of biological, psychological and social factors that predisposed, precipitated, and perpetuate the client's current functioning
- (3) To establish a client's capacity to function.

**When to Use**

The Mental Status Exam is done during first interviews, when there is reason to believe a client is cognitively altered, and during a crisis or emergency situation.

***\*\*Safety for the client and/or the worker takes priority over completing the Mental Status Examination.\*\****

**Procedure** The Mental Status Examination is best done through the normal progress of a first interview, by observing a client's verbal and non-verbal behaviour. Areas of inquiry include:

- (1) Observations of appearance, activity level, behaviour, speech, and attitude toward the interviewer
- (2) Level of consciousness
- (3) Thought content
- (4) Affect and Mood
- (5) Cognition, reality contact, memory
- (6) Confidence in information given.

See The Form MSE for step by step instructions and a list of questions.

## 4. Comorbidity Guidelines Training Program

### Comorbidity Guidelines Training Program

#### Session Three Handouts

#### Assessment of Mental State

##### **Appearance** (*How does the client look?*)

- Posture – slumped, tense, bizarre.
- Grooming – dishevelled, poor personal hygiene (nails, hair etc.).
- Clothing – bizarre, inappropriate, dirty.
- Nutritional status – weight loss, not eating properly.
- Evidence of AOD use – intoxicated, flushed, dilated/pinpoint pupils, track marks.

##### **Behaviour** (*How is the client behaving?*)

- Motor activity – immobile, pacing, restless, hyperventilating.
- Abnormal movements – tremor, jerky or slow movements, abnormal walk.
- Bizarre/odd/unpredictable actions.

##### **Attitude** (*How is the client reacting to the current situation and worker?*)

- Angry/hostile towards interviewer/others.
- Unco-operative.
- Withdrawn.
- Over familiar/inappropriate/sexuctive.
- Fearful, guarded, hypervigilant.

##### **Speech** (*How is the client talking?*)

- Rate – rapid, uninterruptible, slow, mute.
- Tone/volume – loud, angry, quiet, whispering.
- Quality – clear, slurred.
- Anything unusual about the client's speech?

##### **Language** (*How does the client express himself/herself?*)

- Incoherent/illogical thinking (word salad: communication is disorganised and senseless and the main ideas cannot be understood).
- Derailment (unrelated, unconnected or loosely connected ideas, shifting from one subject to another).
- Tangentiality/loosening of associations (replies to questions are irrelevant or may refer to the appropriate topic but fail to give a complete answer).
- Absence/retardation of, or excessive thought and rate of production.
- Thought blocking (abrupt interruption to flow of thinking so that thoughts are completely absent for a few seconds or irretrievable).

##### **Mood** (*How does the client describe his/her emotional state?*)

- Down/depressed; angry/irritable; anxious/fearful; high/elevated.

##### **Affect** (*What do you observe about the client's emotional state?*)

- Depressed – flat, restricted, tearful, downcast.
- Anxious – agitated, distressed, fearful.
- Irritable, hostile.