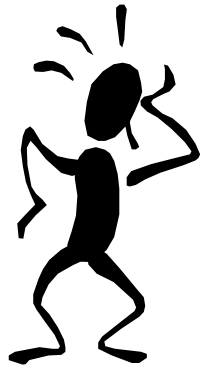


How to Get the Most Out of a Psychiatric/Psychological Visit



Overshadowing

Incidences in which the presence of mental retardation decreases the diagnostic significance of an accompanying mental health disorder.

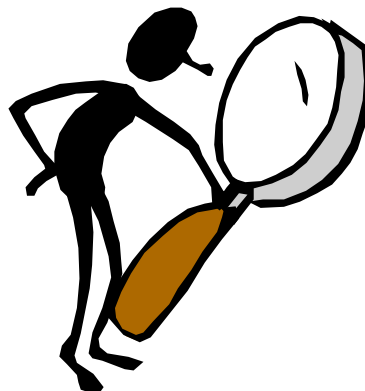
How does overshadowing occur?

1. Individuals have deficits in abstract thinking or what is called Intellectual Distortion.
2. Individuals have difficulty with expressive and receptive skills.
3. Individuals cannot always tell you what's going on as we can.
4. Psychosocial Masking occurs because of limited experiences and they do not have the richness we do in our lives. Symptoms do not have the richness that ours would.
5. Cognitive Disintegration occurs in the mild, moderate, and severe diagnosis. Minor stress can upset individuals but because of MR diagnosis, it will be masked. Stress can result in behaviors that make diagnosis difficult.
6. Baseline Data increases in exaggeration of severity and of standing of maladaptive behaviors that may predict onset of mental illness may be missed.
7. Failure to meet diagnostic criteria by DSM. DSM not sensitive enough for MR population.

Mental Status Exam

At the time of the first psychiatric visit, you and the individual should be prepared to participate in a Mental Status Exam. It also would be prudent to use this exam information as part of your preparation before your appointments.

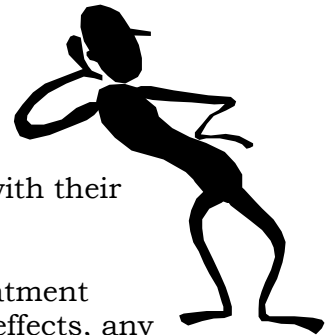
- Appearance
- Psychomotor Behavior
- Attitude towards treatment
- Mood
- Affect
- Perceptions
- Stream of thought
- How they think – Cognition
- Orientation
- Concentration
- Consciousness
- Judgment
- Insight
- Obsessions/Compulsions



- Phobias
- Suicide
 1. How
 2. Is it available?
 3. Practiced, sent note, time
 (If all three are present, it is a lethal situation)

Talking to a Psychiatrist – Making Yourself Understood

1. Recognize a variability with psychiatrists – know your role.
2. Establish a relationship with the psychiatrist.
3. Be prepared – your time is limited.
4. Develop a psycho social summary. (below) Provide the psychiatrist with their own copy marked Doctor Copy.
5. Communicate in behavioral terms to describe symptoms. (below)
6. Before you leave obtain a diagnosis and what to expect from the treatment prescribed, especially focus on the medication. Find out about side effects, any lab work needed, when you should see the desired effect of the medication and all other information required on our Medication Case notes.
7. Follow up appointments.



How to Describe Symptoms in a Psychosocial Summary



Karen's doctor sent us here. Her lab work is okay.
 Karen has been hitting, biting, and spitting at staff. She has been on Mellaril for a diagnosis of explosive personality disorder for 15 years. Karen doesn't sleep at night. Karen has been in a bad mood the past two months. Karen throws her food at staff.

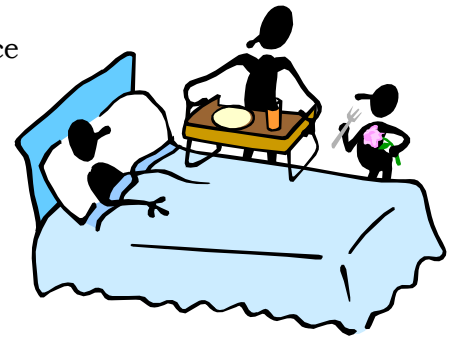
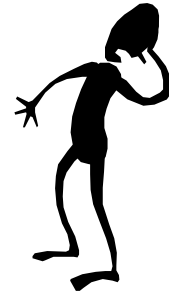


Karen has been referred by her primary care physician for your assessment. On 11/11/00 she has had a complete blood work done up including thyroid studies which were all within normal limits.
 Karen has had difficulty with completing her self care skills at home and has not been doing well at work. When requests are made to complete tasks she becomes noncompliant.
 Karen has been on Mellaril 10 mgms three times a day for the past 15 years. In 1985 she was diagnosed with Explosive Personality Disorder.
 For the past two months Karen's symptoms have been difficulty falling asleep, difficulty maintaining sleep, crying excessively at times, loss of appetite and 10 pound weight loss. It also should be noted that these symptoms seemed to manifest after Karen's family moved to Florida.

Behavioral Terms to Describe Symptoms

1. Depressed Mood/Irritability
 - a. change from being happy, smiling, laughing and sense of humor to absence of these characteristics
 - b. tearfulness
 - c. spontaneous episodes of crying or whining

- d. person rarely smiles
 - e. constant complaining (may want to return to previous residential setting)
2. Decreased Pleasure/Interest in All/Almost All Activities
 - a. loss of interest in friends
 - b. refusal to participate in previously favored activities
 - c. more withdrawn
 - d. spends time alone
 - e. does not respond to typical reinforcers
3. Decrease/Increase in Appetite/Weight Gain/Loss
 - a. refuse to go to dinner table
 - b. refuses to eat once there
 - c. reject favorite foods
 - d. requesting/eating extra food
 - e. start stealing/hoarding food
 - f. begins to engage in pica (or increase in frequency/severity)
 - g. weight gain
4. Insomnia/Hypersomnia
 - a. behavioral disturbances in the evening may overshadow underlying sleep disturbances
 - b. difficulty falling asleep
 - c. difficulty maintaining sleep
 - d. wake up early in the morning
 - e. behavioral difficulties (or an increase in frequency or severity) may occur at those times
5. Psychomotor Agitation/Retardation
 - a. pacing, running or spinning
 - b. unable to sit still
 - c. onset or increase in self-injurious behavior
6. Running Away or Aggression May be a Manifestation of Agitation
 - a. emotionally needy/seems clingy
 - b. repeats words/phrases in anxious fearful tone of voice
 - c. decrease in speech, inflection, volume and content
 - d. having trouble completing ADL's
 - e. manifest extremely slow body movements and thinking
7. Fatigue/Loss of Energy
 - a. decrease in productivity/regression in skills
 - b. excessive time lying/sitting down
 - c. rarely initiates activities/appears unmotivated
 - d. apathy
8. Feelings of Worthlessness/Excessive/Inappropriate Guilt
 - a. self statements "I am bad", "It's my fault, nobody likes me", "I can't do this job" or "I should be punished"
 - b. onset/increase in ruminations
 - c. worries/preoccupations with previous placement and relationships
9. Diminished Ability to Think/Concentrate/Indecisiveness
 - a. reduced work productivity
 - b. begin tasks/don't follow through
 - c. work deterioration/performance
 - d. decreased attention to task
 - e. diminished self care skills/increased dependence on others
10. Recurrent Thoughts of Death, Suicide, Ideation or Attempts
 - a. talks regularly about death of relatives/friends/and/or expresses an interest in funerals

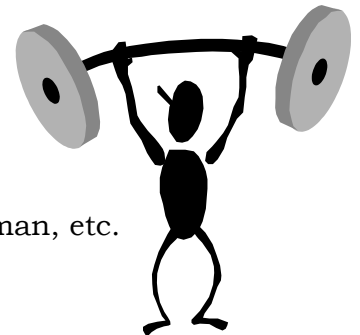


- b. talks about heaven and hell
 - c. suicide threats/attempts
 - d. deliberate /potentially lethal acts
 - e. onset/increase on self-injurious behaviors
 - f. offering oneself up to peers who are known to aggress
11. Associated Features for Possible Depressive Episode
- a. clings or holds onto others
 - b. fearfulness
 - c. decreased interest in sexuality
 - d. repeated complaints to aches, pains, physical ailments
 - e. onset or increase in aggression/or self-injurious behavior
 - f. incontinent of urine/feces
 - g. catatonic stupor and/or rigidity



12. Euphoric/Irritable Mood
- a. increase/excessive smiling
 - b. enthusiastically greeting everyone
 - c. onset or increase in silliness, teasing, singing and dancing may be indications of expansive mood
 - d. behavior may be labeled as manipulative rather than recognized as evidence of an elevated or expansive mood
 - e. boisterous/excited
 - f. easily provoked to scream/swear
 - g. uncooperative/tantrums when requests made
 - h. onset/increase non-compliance

13. Inflated Self Esteem/Grandiosity
- a. remember grandiosity may not be expressed in a grandiose way
 - b. unrealistic goals
 - c. exaggerated claims of skills/stature
 - d. identify with “bosses”, ready to take on the world, superman, etc.
 - e. hard to identify and easy to overlook



14. Decreased Need for Sleep
- a. up all night
 - b. up much of night
 - c. amazing amount of energy/no naps
 - d. onset/increase in behavioral problems that occur at bedtime/or during the night

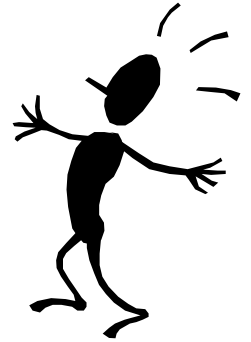
15. More Talkative or Pressure Speech
- a. non-stop talking/constant vocalizations
 - b. episodes of singing
 - c. regular babbles
 - d. increase in rate, volume, and frequency of speech or verbalizations/vocalizations



16. Flight of Ideas/Topics
- a. rapid shifts in conversation one topic to the next

17. Increase in Goal Activities/Psychomotor Agitation
- a. repeated, persistent requests for positive reinforcers
 - b. overachiever
 - c. increase in eating, intrusiveness, public masturbation/other sexual activities, aggression, assault, disruption, self stimulatory behavior or a change in frequency/intensity of rituals
 - d. pacing, running, spinning could be a manifestation of agitation
 - e. unable to sit still/restless

- f. onset/increase in self-injurious behavior, running away or aggression may be a manifestation of agitation
 - g. emotionally needy, seems clingy and might continually repeat words/phrases in anxious/fearful tones
18. Excessive Involvement in Pleasurable Activities
- a. increased/excessive sexual behavior
 - b. sexually proactive, exposing self, inappropriately masturbating, touching, grabbing or kissing others
 - c. teasing/provocative behavior and enjoys the distress they have created
 - d. lots of want in a variety of areas



Associated Features

- rapid shifts between euphoric, irritable, and depressed moods
- onset or increase in aggression and/or self injurious behaviors
- biphasic course

Always look for a family history of mood disorder, alcoholism and mental illness.

Medication

1. Know Diagnosis
2. Answers to Eight Questions
 - a. purpose/desired effect of medication
 - b. response time
 - c. unwanted effects
 - d. interactions/meds/foods
 - e. special instructions and administration instructions
 - f. special storage
 - g. controlled substance
 - h. range of time before and after a dose can be given
 - i. what to do if: missed, refused, regurgitated, expelled
3. If Medication Requires Lab Work
 - a. frequency
 - b. lab values

references:

“How to get the Most from a Psychiatrist” program; Jim Siberski, 1996