Mental Status Examination: Handout

**Affect (observable emotional expression)**

**Full/Broad:** full, broad range of expression. Considered typical or normal.

**Blunted/Flat:** dulled range of expression. An associated symptom of depression, brain injury, trauma.

**Congruent:** appropriate emotional expression to the content being discussed. Considered authentic, genuine, “integrated”

**Incongruent:** inappropriate emotional expression to the content being discussed. Considered inauthentic, “superficial.”

**Mood (emotional state)**

**Euthymic:** Normal or typical mood. Upbeat, “happy.”

**Depressed/dysphoric:** Down, “blue” mood. Often with decreased energy. Irritability or anxiety occurs in some people. Common to depression, anxiety, and depressed states of bipolar disorder.

**Elated/euphoric:** “Up,” “on top of the world.” Often with increased energy. Common to manic states of bipolar disorder.

**Labile:** Capricious, unstable, quickly changing mood. Common to rapid cycling forms of bipolar disorder in adults, and mood disorders in young children.

**Anhedonia:** Lack of interest and withdrawal from regular and pleasurable activities that one used to enjoy. An associated symptom of depression.

**Vegetative symptoms:** Biologically-based dysregulations in brain chemistry (e.g., serotonin). Sleep and appetite changes are most pronounced. Common to depression.

**Thought Process (form, attention, and speed)**

**Form of Thought**

**Logical, coherent:** Clear, direct connections between content. One idea flows directly into another.

**Circumstantial:** Digressions to unnecessary details in thought and speech before communicating the central idea.

**Tangential:** Oblique, digressive, irrelevant speech. The central idea is not communicated.

**Loose associations:** Little or vague connection is made between concepts; continuous tangential “rabbit-holing.” Can be a symptom of schizophrenia.

**Flight of ideas.** Multiple thoughts and ideas are generated spontaneously, without obvious connection. Often occurs in manic states; associated with bipolar disorder.

**Attention and Speed**

**Distractible:** Focus can shift quickly onto the external environment. This awareness interrupts the present dialogue. Associated symptom of anxiety, attention-deficit (ADHD).

**Preoccupied.** Inattentive to the external environment, internally focused, seems to be thinking deeply. Can be associated with depression, psychosis (schizophrenia), schizoid personality.

**Rumination.** Preoccupation with a single idea or theme. Associated with anxiety, obsessive-compulsive disorder; can lead to delusional thoughts. In autism, this is “perseveration”

**Latent.** A prolonged period of time between a thought and its verbal expression. Associated with depression, anxiety, schizophrenia

**Racing thoughts.** Multiple thoughts occurring in a seamless fashion. Often in list form. These thoughts have a pressured quality. Associated with anxiety, manic states (bipolar)

**Memory and Consciousnesss**

**Intact memory:** Appropriate short- and long-term recall; normal/typical.

**Anterograde amnesia:** Memory loss for events after the onset of amnesia. Associated with brain injury, dementia, substance abuse. Assess **confabulation** (attempts to justify false response)

**Retrograde amnesia:** memory loss for events before the onset of amnesia. Associated with brain injury, dementia, substance abuse. Assess **confabulation** (attempts to justify false response).

**Consciousness**

**Orientation.** To time, place, person, situation.

**Dissociation.** Altered consciousness, a trance-like state, disconnected from emotions. Often occurs in response to painful emotional content. An associated symptom of trauma.

**Regression.** Return to a childlike state. The person is unconsciousness and unaware of their regression (if they are aware, it is usually a symptom of manipulation).

**Motor (body movement, nonverbal communication)**

**Relaxed, normal:** within typical range of motor movement.

**Psychomotor retardation, hypoactive:** Decreased activity, slow response to environment, sluggish. For some individuals, this is typical for their personality. Associated with depression, brain injury.

**Catatonic:** Severe immobility, associated with schizophrenia.

**Apathetic:** Indifference. Laissez-faire attitude accompanied by lack of motor impetus and dulled emotional tone. Associated with brain injury, depression, antisocial behavior and conduct

**Restless, hyperactive:** A compelling need to be in constant movement. Difficult to sit still. An associated symptom of anxiety, attention-deficit/hyperactivity (ADHD), trauma.

**Agitated:** Severe anxiety and/or irritation, adrenaline response, preparation for action. Can precipitate anger outbursts or panic attacks. Pacing or hyperventilating can occur.

**Stereotypy:** Continuous mechanical repetition of speech or physical activity, such as flapping hands and rocking. Associated with autism spectrum disorders.

**Speech (verbal communication)**

**Regular rate and rhythm:** Controlled, even paced, cadenced verbal communication. Can interweave with another person’s dialogue.

**Pressured speech:** Uncontrollable, accelerated, excessive talking. Rapid rate and rhythm, difficult to interrupt. The person feels they cannot talk fast enough to get their words out. Common to anxiety, manic states.

**Laconic speech:** Terse, brief responses provided without elaboration. No unprompted information is given. “Poverty of speech.” Associated with avoidance, opposition/defiance.

**Disorganized speech:** Disconnected, unintelligible speech. Associated with dementia, delirium, schizophrenia, substance abuse.

**Coprolalia:** Involuntary use of vulgar or obscene language, found in Tourette’s syndrome. Also consists of grunts and paralanguage (“hmmm,” “huh,” “ah”, “grrr,” “shhh” etc.)

**Echolalia:** Repeating or mirroring the speech of another person. For example, repeating back a question instead of answering the question. Associated with autism spectrum disorders.

**Interpersonal (relationally-driven behavior)**

**Aloof:** Disengagement andlack of connection with others, usually due to ego centrism.

**Avoidant:** Disengagement due to anxiety and desire to escape contact.

**Contempt:** A passive-aggressive style of relating to others. Rolling eyes, imitating vocal tone in a mocking manner. According to Gottman, this is the greatest predictor of divorce

**Defensive:** Reacting to the input of others in a hostile manner. The person usually feels threatened and under attack.

**Dismissive:** Reacting to the input of others by disregarding, rejecting, and thinking no more about it. The person doesn’t necessarily feel threatened, but thinks they know better.

**Oppositional/defiant:** Intentional attempts to elicit a power struggle or argument with another person (particularly in authority). Can involve baiting others (direct) or ignoring them (indirect).

**Guarded:** Overly careful about sharing information with others, usually from lack of trust. Closed, secretive. Infrequent self-disclosure. Associated with trauma, paranoia.

**Hypervigilant:** Excessive attention to external environment, stemming from heightened anxiety and fear. A symptom of trauma.

**Suggestible:** Uncritical acceptance and compliance with another person’s proposal or recommendation; easily influenced.

**Intrapersonal (internally-driven attitudes and behavior)**

**Ego dystonic:** The individual does not consider their behavior to be consistent with their core personality.

**Ego syntonic:** The individual considers their behavior to be consistent with their core personality. This can result in externalizing blame to others for problematic behavior.

**Conceited:** Egocentric, self-important, arrogant, proud. Often hides deeper seated anxieties and feelings of inadequacy. Associated with narcissistic personality.

**Grandiose, expansive:** Ego inflation. Belief that a person can accomplish anything, even outrageous tasks. Associated with manic states in bipolar disorder.

**Intropunitive:** Self-derision, punishing self for unwanted events (even if they are not responsible). Turning anger inward. Associated with depression.

**Splitting:** Dichotomous thinking. Perceiving events in absolute terms, “all or nothing,” “black or white,” “good or bad.” Associated with borderline personality.

**Catastrophizing:** Dramatically predicting that the worst event is most likely to occur. Faulty logic. Associated with depression, histrionic personality.

**Psychosis (beliefs, perceptions, and sensory experiences outside the realm of realistic possibility)**

**Delusions:** A fixed belief that is experienced as odd, strange, or eccentric by others and outside the realm of realistic possibility. Associated most commonly with schizophrenia.

**Bizarre delusion:** A fixed belief outside the realm of realistic possibility. This belief is strange, odd, eccentric to others.

**Control delusion:** An individual’s fixed belief that their will/thoughts/feelings are being controlled by someone or something else.

**Grandeur delusion:** An individual’s fixed belief in their elevated importance, power, “specialness”

**Infidelity delusion:** An individual’s fixed belief that their partner or lover is being unfaithful to their relationship.

**Persecution delusion:** An individual’s fixed belief that they are being harassed or persecuted by others.

**Reference delusion:** An individual’s fixed belief that unrelated events in the external environment are special messages that have a direct, personal significance and relevance to them.

**Erotomanic delusion:** An individual’s fixed belief that someone else is in love with them or wants to have sexual intercourse with them. To be classified a “delusion,” this has to be unrequited.

**Hallucinations:** A perceptual experience that is not experienced by others. Associated with schizophrenia, bipolar disorder, depression, delirium, and substance abuse.

**Hypnagogic hallucination**: when falling asleep (considered normal).

**Hypnapompic hallucination**: when awakening from sleep (considered normal).

**Responding to internal stimuli:** The individual seems to be attentively listening and responding to sights and sounds in their external environment that others do not see or hear.

**Appearance:** How a person is groomed and dressed. Overdressed/groomed can suggest a tightly-wound or neurotic person, underdressed or undergroomed can suggest psychosis or developmental disability, particularly if personal hygiene is unkempt.

**Well groomed.** Appropriate grooming, e.g., brushed hair, clean teeth, recent bath or shower (in past 24 hours).

**Immaculate grooming.** Excessive detail is given to one’s grooming and/or make-up.

**Disheveled/unkempt grooming.** The person has not brushed their hair, cleaned their teeth, or taken a recent bath/shower. If the person has unpleasant body odor, or smells or urine/feces, then unkempt grooming might be indicated. Inattention to daily hygiene can be a marker of psychosis.

**Appropriate dress.** The person is wearing appropriate clothing for the time of year and season.

**Underdressed.** The person is wearing too little clothing for the context (e.g., time of year and season, formal nature of meeting). In some cases, the clothing worn is always inappropriate, regardless of season (e.g., wearing revealing clothing to a counseling session).

**Overdressed.** The person is wearing too much clothing for the context (e.g., time of year and season, formal nature of meeting). In some cases, the clothing worn might indicate other issues (e.g., wearing long-sleeves in summer to hide cutting scars or needle marks).

*Note:* in some cases, the type of dress worn is simply bizarre. This is another potential warning sign of psychosis.