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

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“Clinical Assessment: Techniques, Strategies, Adaptations”
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.
Innsbruck, Austria
Railroad Station
2006
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
CME/CEU

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