CONFUSION INTERPRETATION GUIDE

Determining causes and making appropriate referrals

Although technically confusion isn't a "mood", it is still a mental state that can interfere a great deal with functioning. It tends to be immobilizing and energy draining. It can also trigger any number of secondary mood responses, including, but not limited to, anxiety and depression. There can be numerous causes for states of confusion. Some can be addressed through psychotherapy and some require the intervention of outside specialists such as neurologists. At the very least, it's important to understand if confusion exists, why it exists and, if possible, what to do about it.

- Item 1 is meant to identify whether the respondent experiences confusion. If there is an affirmative response, we suggest a follow up question on intensity, asking client/patients to scale their confusion from Zero to 10.

- Item 2 is a trend question which seeks to determine if confusion is escalating or getting worse.

- Items 3 and 4 are brief screening questions to determine if there is a neurological basis to the respondent's confusion. Affirmative answers on either of these questions should initiate more detailed questioning, including the respondent's history of neurological examinations. If respondent has not had a more recent neurological exam, we encourage providers to help their client/patients schedule a neurological consultation.

- Item 5 is meant to determine if respondent's confusion may be related to the use of drugs (including alcohol) or medications. Affirmative responses here should be followed with more detailed profiling of their drug and medication use and may possibly justify a psychiatric consultation and/or drug/alcohol assessment.

- Item 6 is meant to determine if there is possibly a problem with respondent's sensory functioning. Affirmative responses should be followed with questions determining which senses are affected. This may lead to a number of secondary evaluations by third parties depending on responses – including general neurological and/or other sensory specialists (vision and hearing most notably).

- Item 7 attempts to get at the qualitative nature of respondent's confusion and to determine how profound it is. If there is disorientation as to time, space or identity, we encourage a neurological evaluation.

- Item 8 attempts to determine if respondent has a social background in which they frequently experienced confusion. Affirmative responses here may predict low levels of self-trust. This is an area in which psychotherapy may be useful (Please see the related Confusion Intervention Guide for ideas on how to help develop greater self-trust). There is also evidence which suggests that affirmative respondents on this item may be at higher risk for schizophrenia.

- Items 9 through 11 are meant to assess for delusions and hallucinations. Affirmative answers here should be followed up with consideration of neurological assessment and/or consideration of schizophrenia as a possible diagnosis.

- Item 12 is meant to specifically determine if respondents experience confusion when making decisions.

- Item 13 is meant to be ancillary to Item 12. Negative respondents may benefit from therapeutic work helping client/patients develop more clear and explicit goals and values. In some instances, this will help resolve decisional confusion.

- Items 14 and 15 are meant to assess whether respondents have "learned confusion" with respect to their thoughts and feelings. This essentially means they have been taught to distrust either their thoughts and/or their feelings.