

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Hannah Rossi **Date:** 10/10/2023

Patient's Initials: M.T **Age** 20 **Sex:** female

Psychiatric Diagnosis(es): MDD, Suicidal Ideation, Anxiety, Sleep paralysis, Bipolar 1 disorder

Pathophysiology of the main Psychiatric Diagnosis: Major Depressive Disorder (MDD)

Decreased levels of serotonin, norepinephrine, and dopamine can cause anergia, anhedonia, poor impulse control, low sex drive, decreases appetite, irritability

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Fluoxetine (Prozac)	This SSRI antidepressant will block the reuptake of serotonin, allowing it to remain in the synapse longer, therefore raising serotonin levels. This is important for MDD because increasing serotonin can help with depressive symptoms such as anhedonia and anergia.	<ul style="list-style-type: none"> • Insomnia • Sexual dysfunction • GI disturbances • Increased suicidal ideation • CNS agitation/anxiety • Weight loss in beginning, Weight gain long term • Serotonin syndrome (Toxic effect) 	<ul style="list-style-type: none"> • Monitor for Suicidal ideations • Monitor for serotonin syndrome (mental confusion, fever, tachycardia, HTN, seizures) • Educate M.T about: <ul style="list-style-type: none"> -Limit caffeine intake -take in morning -Avoid alcohol -Do not take with MAOI's -Do not d/c abruptly -Taper slowly -healthy diet and exercise (combat wt gain)

<p>Trazadone (Desyrel)</p>	<p>Like Fluoxetine, this SSRI antidepressant will block the reuptake of serotonin, allowing it to remain in the synapse longer, therefore raising serotonin levels. This is important for MDD because increasing serotonin can help with depressive symptoms such as anhedonia and anergia.</p>	<ul style="list-style-type: none"> • Insomnia • Drowsiness • dry mouth, • lightheadedness/dizziness, • blurred vision • N/V • See fluoxetine for rest of side effects 	<p>See above</p>
<p>Aripiprazole (Abilify)</p>	<p>Atypical (second generation) antipsychotics are used to balance dopamine and serotonin in the brain to help with depressive symptoms r/t MDD</p>	<ul style="list-style-type: none"> • Weight gain around center of body (abdomen) • Dyslipidemia • Insulin resistance • Photosensitivity • May cause EPS side effects 	<ul style="list-style-type: none"> • Encourage exercise to combat wt gain and insulin resistance • Educate about: <ul style="list-style-type: none"> -Do not d/c abruptly -healthy diet -may take a while to see results

Mental Status Exam:

Document subjective & objective data

1. Appearance
Well groomed, wearing facility provided paper scrubs. Ripped paper scrub shirt midline 3 inches, stated “the girls needed to breathe, ya feel me”. Tattoos on neck, Left forearm, and all 5 Left knuckles. Pupils 3mm left and right. Obese body type. No piercings. Multiple transverse scars on left inner wrist.
2. Behavior
Excessive body movement noted while talking. A lot of clapping hands to emphasize point. Normal balance and gait. Excessive touching of others. Maintains eye contact while talking. Disruptive during group therapy, walking in/out of activity room and up to nursing station. Shouting at nurse’s station. Wondering up and down hallways
3. Speech
rapid, not garbled, very talkative. Stated “sorry if I talk too much, I can talk all day long”. Loud volume when speaking
4. Mood
Animated and appropriate affect when talking with peers. Angry during therapy, stated “I’m out this b****”
5. Disorders of the Form of Thought
Disorganized and circumstantial thinking. Stated “my mom kicked me out and I use weed to cope, but oh let me tell you about me best friend back home, she got me the best gift for Christmas”. Flight of ideas (went from talking about her suicidal ideation, to her ex-girlfriends, to birthday weekend). Difficult to refocus.
6. Perceptual Disturbances
Normal perceptions and sensations stated by client. Client reports not experiencing auditory, visual, tactile, olfactory, or gustatory hallucinations
7. Cognition
AAOx4. Short term memory and long-term memory intact. Able to pay attention to others speaking. Has good insight (able to identify what brought her in and why she is in DBH). Stated “if I had a time machine and could change my life, I wouldn’t have hurt myself”. Deflected anger towards mom. Stated “my mom is the reason I’m here, she kicked me out and doesn’t care about me, this is all her fault”. Unable to participate in groups and therapies due to “her triggers”.
8. Ideas of harming Self or Others
Reports no current Suicidal or homicidal thoughts. Stated “I bought a gun off of a drug dealer and that’s how I was going to kill myself, it’s still at my house, once I get out of here, I have to make sure the cops didn’t find it”. Hx of multiple suicide attempts with medication and cutting wrist. Reports no current plan to carry out once D/C. Admits having access to a gun at home and kitchen appliances.

Problem #1: Risk for suicide

Patient Goals:

1. M.T will not harm self during my time of care
2. M.T will Verbalize signs and symptoms of worsening depression and suicidal thoughts during my time of care

Assessments:

- Assess for SI q12hr+ PRN, assess mood/affect q12hr+PRN, assess for suicide plan q12hr+ PRN, assess support system at beginning of shift, assess coping skills at beginning of shift.

Interventions (In priority order):

1. Establish trust and rapport by providing 1:1 time and attention, being genuine and honest at beginning of my shift and PRN
2. Implement and maintain suicide precautions (chart behaviors q15mins, provide safe meal tray, stay within arms lengths, remove all sharp objects) at all times
3. Utilize de-escalation techniques (verbal de-escalation, distraction, etc.) during periods of aggression/agitation
4. Educate on outpatient resources (outpatient therapy, support system, suicide hotline, etc.) PRN
5. Discuss current coping skills with M and educate client about new productive coping skills q12hr
6. Establish a safety plan with suicidal thoughts with M.T (emergency contacts to reach out to in a crisis) q12hr

Problem #2: Ineffective coping

Patient Goals:

1. M.T will identify 1 unhealthy coping skill and 1 healthy coping skill during my time of care
2. M.T will identify 1 support person to reach out when having difficulty coping during my time of care

Assessments:

- Assess current coping skills PRN, assess support system q12hr, assess substance use PRN, assess mood/affect q12hr+PRN, monitor for aggressive/inappropriate behavior PRN, assess knowledge of resources available for coping skills once D/C q12hr

Interventions (In priority order):

1. Establish trust and rapport by providing consistency in boundaries and being genuine and honest at beginning of my shift and PRN
2. Educate on healthy (walking around unit) and unhealthy (using marijuana) coping mechanism q12hr
3. Provide therapeutic/structured milieu at all times by allowing peer accountability and setting boundaries on inappropriate behaviors
4. Encourage M.T to participate in group therapy while at DHB PRN
5. Educate on importance of outpatient therapy once discharged q12hr
6. Help M.T create a list of support people to go to in crisis once D/C q12hr

Patient Teaching

List 2 teaching topics that you taught a client. Were they appropriate for this client, and why?

- 1. Healthy and unhealthy coping skills to use. M.T utilizes marijuana to cope when she is at home. Discussing more appropriate coping skills such as exercise, talking to support person, group therapy, reading, listening to music, ect.. This is important for M.T because these are coping skills she can use during depressive episodes and could prevent her from attempting suicide**
- 1. The importance of support groups/ support people. This is important for this client because these support people will be key to not reattempting suicide. She can reach out to these people in a mental health crisis and go to support groups to learn coping skills that have worked for others.**

Growth & Development

1. Discuss norms of growth and development, including development stage.

M.T is 20 years old and should be transitioning from adolescence to young adulthood. I have observed her being in formal operational stage (Piaget) because she could think

abstractly and use deductive logic when answering questions. This is developmentally appropriate.

2. Discuss any deviations of growth and development and the developmental stage.

I observed that she is almost complete identity vs role confusion. M.T stated that “her sexuality has changed so much, but I know that I’m into women now, and I am okay with that”. I also feel like she is shifting into intimacy vs isolations because she is struggling with friendships and finding true love. She stated, “she doesn’t know where she fits because she feels like no one likes her or wants to be around her”.

Self-Evaluation: Answer each of the following questions.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples

I really enjoyed today. I feel like I had the perception that these people were going to be very different from myself, but they really were not. They were just dealt different circumstance and developed different coping skills. I felt like I did a very good job utilizing therapeutic communication when speaking with clients (not using you statements, using active listening, restating). I think tomorrow, I am going to work on getting to know more about the past that brought them here .

2. Give an example of one of the challenges you faced today. What did you do to overcome it?

When I was speaking to a client, we broached a topic that made him upset, and he stopped talking and wanted to stop engaging. I provided silence for a moment and then started making observations about things I saw in the room and discussing what he had for breakfast. This allowed the tension to ease, and we resumed conversation about breakfast. Later, he did go more into the topic that he avoided earlier