

Dover Behavioral Health  
Clinical Assignment  
2024

Student Name: Courtney David Date: 09/17/2024

Patient's Initials: L Age: 14 Sex: F

Psychiatric Diagnosis(es): Depression

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Brain Structure: Abnormalities in the limbic system have been found in people with depression, the hippocampus may be smaller in people with depression Brain Function: abnormal activity patterns in the brain for example- the cognitive control network has a decrease in task-related activity but an increase in the resting state functional connectivity. Abnormally reduced levels of GABA
Neurotransmitters:	Dysfunction in the monoamine oxidase, which is an enzyme that inactivates neurotransmitters, may be responsible for depression Serotonin- levels decrease during depressive episodes Norepinephrine- levels decrease during depressive episode Dopamine- low dopamine levels can make people depressed less likely to work towards their goals Acetylcholine- involved in emotion, reward perception and long-term depression
Course/ characteristics of illness:	Mood- anxiety, guilt, hopelessness, loss of interest, mood swings, sadness Sleep- early awakening, excessive sleep, insomnia or restless sleep Loss of appetite, fatigue Behavioral- agitation, excessive crying, social isolation Cognitive- Lack of concentration, slowness in activity, suicidal ideations

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Dextroamphetamine- treat ADHD	CNS stimulant Used to treat attention deficit hyperactivity disorder (ADHD) it works by changing the amounts of certain natural substances in the brain, it can increase your ability to pay attention, stay focused, and control behaviors Releases dopamine and norepinephrine from presynaptic nerve endings, certain doses it strengthens the	Common- dry mouth, upset stomach, loss of appetite, weight loss, headache, dizziness, sleep problems, irritability, muscle twitching, N/V, increased blood pressure, fast heartbeat	Don't take if you have moderate to severe high blood pressure, heart problems or CAD, overactive thyroid, glaucoma, or a history of drug or alcohol addiction. Don't take with an MAOI Avoid fruit juices or taking vitamin C Can be habit forming, don't take larger dose, more often or take it for longer than prescribed

	excitatory process in the CNS, reduces fatigue, elevates mood, reduces the need for sleep and decreases appetite.		
Fluoxetine- Depression SSRI	SSRI- antidepressant Blocks the reuptake of serotonin in the presynaptic serotonin neurons. Works by increasing the amount of serotonin in the brain	Upset stomach, loss of appetite, indigestion, sexual problems, unusual dreams or change in sleep habits, headache, dizziness Suicidal thoughts or actions in the beginning of treatment	Take in the AM- can cause insomnia Don't abruptly stop taking medication- slowly taper dose down if discontinuing Avoid ETOH Don't take with an MAOI

### Mental Status Exam:

	Subjective Data	Objective Data
Appearance	"This shirt is where I'm from, it reminds me of home" (Maryland shirt)	Hair down, baggy t-shirt, sweatpants, socks, slight body odor smell Clothing appropriate for time of year/weather
Behavior	"I don't feel good, no one believes me"	Quiet, keep to self during group games (cards), crying, holding stomach, breathing rapidly, slouched in chair,
Speech	"I just want to work on my homework" Reading article for schoolwork clearly and fluently	Appropriate for age, clear
Mood	"I feel dizzy, my stomach hurts, I also just got sick in the bathroom" "I'm not eating, I can't even look at this without feeling like I'm going to get sick" "My younger self would be so disappointed with my actions" "I'm feeling a little better"	Overwhelmed, anxious in beginning of day Less anxious, more talkative after warming up to talk Threw entire breakfast tray in trash, untouched
Disorders of the Form of Thought	N/A	N/A
Perceptual Disturbances	N/A	N/A

Cognition	Spoke about why she was in there, recalled going to the ED and then psych ward before coming to DBH “I was in the ED first and then they put me in the psych ward for a night”	Attention given to others during group,
Ideas of harming self or others	“My younger self would be so disappointed in my actions” “I overdosed because just my mental health was really bad”	self-reflective of previous actions of why she is in here

**Problem #1: \_\_Ineffective Coping**

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Priority Patient Goal:

1. L will demonstrate one way of therapeutic coping with depression such as participating in group, deep breathing, or use of guided imagery during my time of care.

Assessments:

- Assess depression level and anxiety level q4hr, assess willingness to learn and participate (motivation), Assess coping methods prior to episode of overdose daily, assess future thoughts and plans daily

Top 2 Interventions with rationale:

1. Provide therapeutic communication such as providing silence when client is talking about feeling or the past during my time of care.- This will allow L to feel heard and understood and express feelings without judgement or advise given to her, this will help her create ways to express her feelings and become more comfortable talking about her feelings instead of holding them in.
2. Encourage one goal to be met a day such as showering, homework completed, participating in group, eating a meal during my time of care.- This will allow for L to have something to look forward to during the day and feel a sense of accomplishment when the goal is met for the day, this can help translate into outpatient so that she can set goals each day to complete simple task and eventually complete harder or more tasking tasks.

**Problem #2: \_Risk for Self-Directed or other-directed violence**

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Priority Patient Goal:

1. L will establish a safety plan including identification of triggers, coping strategies and emergency contacts during my time of care.

Assessments:

- Assess clients belongings and room during my time of care, assess mood daily, assess behavior daily, assess loc and awareness daily, assess for thoughts of suicidal ideations daily.

### Top 2 Interventions with rationale:

1. Provide a safe, de-stimulated, quiet area during my time of care.
2. Encourage L to talk about how she feels today, and how it differs from when she arrived at DBH or even yesterday's feelings during my care.

### Patient Teaching

List 2 teaching topics that you taught a client.

1. I taught L that it's okay to feel disappointed in your actions but to know that what she is doing now and where she is, is a step in the right direction to getting her better and knowing how to cope with mental health struggles.
2. I taught L to take deep breathes when she is feeling overwhelmed, when she is starting to feel sick and feeling like she can't breathe to just close your eyes, focus on breathing and take a few deep breaths to try to re-center herself and calm down her anxiousness.

### Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.

Some norms of growth and development for L would be in early adolescence (11-14) this includes identity such as decline in self-esteem, relationship with peers such struggle for mastery within peer group, psychological health such as wide mood swings, anger outwardly, expressed with moodiness. Also, injuries kill more adolescents in the US than any other single cause such as bodily harm or self-harm (overdose)

Suicide in adolescents- assess for depression, suicidal ideation, and self-harming behaviors, teach stress management and relaxation techniques- this is normal for adolescents to become stressed but equally important for them to be taught how to handle these emotions and thoughts due to the increased risk of suicide among this age range.

2. Discuss any deviations of growth and development.

As far as deviations of growth and development for L, I think that she didn't really mind what others thought of her as far as appearance wise, whereas identity in adolescents have a measurement of attractiveness by acceptance or rejection of peers, she also as far as relationships with parents, she verbalized having a close relationship with her family and that she "Loves" them very much and doesn't like being away from them but as an 11-14 adolescent, you are defining independence-dependence boundaries. L also didn't seem like she had any close, idealized friendship in there, but she did only arrive on Sunday, she was caring and offering support to all but not just one that she was close with in the group.

### **Self-Evaluation: Answer the following question.**

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 think today went a lot better than expected, I think going into this clinical experience I was a bit sceptical about how things would play out but being in the child room with the girls really was a great experience. Everyone was very open and accepting of us being there and asking questions and talking to them and loved the attention they could get if talking to us in a group setting. I think I listened well to everyone talking and a few of them I would ask questions about a topic that it was evident they had a passion for or something they were excited for such as, a girl was getting discharged today and she said the first meal she was getting was “chipotle” so I asked what her order normally is and she talked about her order for at least 10 minutes talking about how good it was and how she missed getting food like that. Another thing I did well was trying to include everyone and to try to have a conversation with each person even if it was a short one. One thing I could have done better is just being more open in the beginning of the day, I was a little shy and just uneasy about what to do and where to go because a lot was going on in the morning when we arrived on the unit, once talking to the girls and knowing there wasn't pressure on the conversations it was easier to relax.

Personally, it's very hard to hear some of the stories and reasons they are in there because they are so young and I truly think we take having a stable childhood, or “stable” mental health for granted because seeing how young they were and how rough of a mental health they have and what they already have had to face really gives me a whole different perspective.