

Dover Behavioral Health
Clinical Assignment
2024

Student Name: Jada Sales-Morales Date: 9/18/24

Patient's Initials: J.T Age: 41 Sex: Male

Psychiatric Diagnosis(es): Major Depressive Disorder and Suicidal Ideation

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	The hippocampus which plays in regulating emotions and stress responses. Prefrontal cortex which affects decision making, and emotional processing, any changes result in depressive s/s. Amygdala processes emotions, fear and stress it can be hyperactive in depression. The medial portion of the prefrontal cortex controls emotions and processes them, when there's something wrong it will develop to mood disorders and emotional dysregulation.
Neurotransmitters:	Serotonin and norepinephrine is affected. Serotonin is all about mood, sleep regulation, and hunger. Norepinephrine is about mood, attention, and fight/flight response to stress. When serotonin and norepinephrine is low it causes depression.
Course/ characteristics of illness:	Characterized by depressed mood, loss of interest and pleasure in daily activities, s/s ongoing for at least 2 wks, there is no hx of manic behaviors and it is not related to substance use. Will affect both the mind and body. Persistent depressed mood, sleep disturbances, fatigue, loss of energy, difficulty concentrating, and recurrent thoughts of death.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Trazodone for Insomnia Help those who have trouble falling asleep	Antidepressant. SARI: serotonin antagonist and reuptake inhibitor. It blocks serotonin receptors and inhibits the reuptake of serotonin in the brain by doing so it regulates mood,	Drowsiness, dizziness, dry mouth, blurred vision, and constipation, erectile dysfunction.	Assess for suicidal ideation, anxiety lvls, sleep pattern, monitor vital signs, fall precautions.

Bupropion (Wellbutrin) for depression	emotions, and sleep patterns. Atypical Antidepressant also can be used for smoking cessation Inhibits the reuptake of neurotransmitters dopamine and norepinephrine in the brain. By increasing the lvls it helps regulate mood.	Dry mouth, headache, nausea, trouble sleeping	Assess mood, behavior and suicidal thoughts. Inform the risk of insomnia, To avoid activities that require alertness, to rise slowly from sitting to standing.
Hydroxyzine Pamoate for anxiety	Antihistamine w/ anxiolytic. Blocking the effects of histamine in the body which reduces s/s of itching, hives, and anxiety.	Drowsiness, dry mouth, dizziness	Assess allergic reaction, anxiety lvl, itchiness, assess VS, ensure environment is free of trips.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Not able to assess	2 long sleeve shirts and a facility pants (bc he was on suicide precaution), hair is grown out, slouches, hard time keeping eyes fully open
Behavior	“I’m alright” repetively “I always zone out” “It’s hard for me to trust someone”	Breakfast: sat alone at a table eating Room: sat w/ someone but didn’t color just looked at the table fidgeting with his pencil
Speech	“Sometimes the thoughts control me”	Speech is clear, some slurr tho bc he recently quit alcohol an smoking. Repeats saying “im alright” every now and then

Mood	<p>“I’m hopeful and I feel a lot better now”</p> <p>“Talking to people that can relate to me has worked”</p>	<p>Quiet, tired, but likes to talk about his emotions to anyone who comes up to him</p>
Disorders of the Form of Thought	<p>“Sometimes the thoughts control me”</p>	<p>Has racing thoughts of what could have been if he let his mind win</p>
Perceptual Disturbances	<p>“I’ve smoked and drank since I was little, so I don’t want to go back to that when im away from here”</p>	<p>Writing on his journal ideas for books</p> <p>Excited for publishing his book</p>
Cognition	<p>“I sometimes get sad and no one can understand me unlike these people”</p>	<p>Getting close to God and reconciling with him</p> <p>Questioning why God has taken his loved ones with him</p>
Ideas of harming self or others	<p>“I know to not let my head get ahead of me”</p> <p>“When I started having suicide thoughts I knew I had to come to this place”</p>	<p>N/A</p>

Problem #1: _____ Risk for Suicide

Priority Patient Goal:

1. Will attend support groups and therapy at least twice a week

Assessments:

- Assess who is their support system, their interests/hobbies something they are passionate about, coping strategies, any recent suicidal thoughts or plan _____

Top 2 Interventions with rationale:

1. ___ Stay with the patient: to make sure he's feeling okay and that he is not alone. He can talk whenever. _____
2. ___ Provide silence times and using open ended question to get him to talk about his experience and let his feelings out. _____

Problem #2: _____ Complicated Grieving _____

Priority Patient Goal:

1. ___ Will find coping mechanism to appropriately mourn for his child mom death by the time of his discharge _____

Assessments:

- Assess suicidal thoughts, behaviors, coping strategies, something passionate to do.
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Top 2 Interventions with rationale:

1. _ Encourage him to write more of his feelings in his journal and to keep making books: this will help him not bottle his emotions

2. _ Listen to him about how he got closer to God. Encouraged to spend more time with his daughter and have dad-daughter day at least twice a week. This will make their relationship stronger since he couldn't be with his daughter before the accident.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Writing and putting dates on a journal can help to see the growth and how far you've come.
2. Coloring can help with zoning out and helps to focus on staying in the lines of the coloring picture.

Growth & Development

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

Age 40-65yrs is considered middle adulthood, Generativity vs Stagnation. Generativity meaning finding sense of productivity, contribution and positively impacting the society through meaningful work or community involvement. While Stagnation is feeling stuck, unproductive, and lacking purpose. Having difficulty seeing, having to parent, and maintaining relationships, navigating through challenges.

2. Discuss any deviations of growth and development.

J.T has had a difficult time growing up, he grew up in the streets where you're surrounded w/ different people. He has asthma and has been smoking marijuana and drinking since the age of 13. Now he has anxiety and depression and lets his thoughts control him. He is currently unemployed so he feels like he's been unproductive and lacking purpose with his depression and not having a job. So I say he feels stagnate but he is healing from it and doing his best to move forward with his mom and daughter.

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.

Today was way better. I liked how I got to hear someone story from beginning to end with details. I like how it was organized, and everything was schedules so no surprises. I did get a bit sad with hearing J.T story and it was hard trying to uplift him when he was telling me how each of his loved ones passed away. I really couldn't find any words to make him feel better so I just stayed silent and let him speak. Overall it went well. I did struggle coming up with things to say to uplift him but I did give suggestions on how to deal with his emotions and thoughts. I found out what he was passionate about and encouraged him to do more of it. I could have found questions to ask that would have changed the topic so he wouldn't get even sadder but then again having him talk about it is also beneficial.