

Dover Behavioral Health  
Clinical Assignment  
2024

Student Name: Courtney David Date: 09/18/2024

Patient's Initials: D.W Age: 72 Sex: M

Psychiatric Diagnosis(es): Depression (also had anxiety and substance abuse but chart mostly talked about worsening 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
Buspar- anxiety- Anxiolytic	Alleviates anxiety without causing sedation or functional impairment, decreases the amount of serotonin in the brain	Dizziness, nervousness, nausea, headache, skin rash, urticaria, angioedema	Avoid ETOH
Seroquel- Atypical Antipsychotic	Works by affecting chemicals in the brain such as dopamine and serotonin. Balances out the two chemicals	Orthostatic hypotension, lethargy, headache, weight gain, general weakness, insomnia, dizziness	Avoid excessive exercise, drink plenty of fluids, stand up slowly Avoid ETOH

Vistaril- 1 <sup>st</sup> gen histamine antagonist	Antihistamine- Prevents the effects of histamine which is produced in the body	Drowsy, fast heartbeat,	Avoid ETOH
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**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	n/a	White hair, facial hair unkempt, tooth decay evident, multiple clothing layers, pockets full of objects such as napkins, food, markers, folded papers
Behavior	<p>“I have not missed a single group session since I’ve been in here, they are really helpful”</p> <p>“I’ve colored and drawn all of these if you want to take a look”</p>	<p>Talkative, encouraged, actively listening during groups, participating during groups, highlighting, and writing notes during group</p> <p>Drawlings of landscape, people, and colored pictures in folder</p>
Speech	<p>“Talking to others really help even if they cant fully related to what you are going through”</p> <p>“I’ve taught myself to draw, it just takes practice”</p>	Clear, appropriate for age
Mood	<p>“I feel much more positive since being in here, group therapy and talking to my peers helps more than the meds I think”</p> <p>“I recently became closer with God, but I do have questions about why God choices some people to go through hard things”</p>	Positive about schedule and activities, encouraging other peers, giving words of affirmation to other peers, self-reflecting
Disorders of the Form of Thought	N/A	N/A
Perceptual Disturbances	N/A	N/A
Cognition	<p>Spoke about why he was in there, “I’m in here for depression and drinking too much” “I’m going to a rehab just waiting on a bed”</p> <p>“I traveled cross country years ago; my favorite state was Oregon”</p>	Attention given to others during group, supported a fellow peer while they were upset speaking about feelings, asking questions during group for stress, able to recall memories from his past

Ideas of harming self or others	“I feel more positive being in here, I’m able to really see all the change in my attitude and I know it’s a little early to tell but I’m starting to like the changes”	self-reflective of previous actions, denies having any suicidal ideations since arrival, planned suicide of jumping into creek
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**Problem #1: \_\_Ineffective Coping**

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Priority Patient Goal:

1. D.W will demonstrate one way of therapeutic coping with depression such as participating in group, deep breathing, use of guided imagery, distraction method 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, active listening, or reflecting when client is talking about feeling or the past during my time of care. - This will allow D.W 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, participating in group, eating a meal or connecting with a peer during my time of care.- This will allow for D.W 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 his soon to be outpatient care so that he can set goals each day to complete simple task and eventually complete harder or more tasking tasks as he transfers from his rehab center.

**Problem #2: \_Risk for Injury**

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Priority Patient Goal:

1. D.W 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. - providing a safe quiet area allows for someone who is over stimulated to have time to think and process their own emotions and feelings and it also allows for them to they are safe here when making not having a safe environment is common for them especially if D.W is homeless.
2. Encourage D.W to self-reflect and list the positive changes he has made in aspect of suicide ideations, and to create a crisis plan for any future SI during my time of care. – creating a crisis plan will become a good resource for D.W in case he as future SI thoughts, it will give him a reminder of his reason why and a contact person to talk to when feeling depressed.

### Patient Teaching

List 2 teaching topics that you taught a client.

1. I taught D.W never be afraid to ask for help, if he is feeling overwhelmed with thoughts or because talking helps so much to find someone he trust to be able to talk to about his feelings. He voices he doesn't feel like he has anyone but I reminded him that he has a whole team here that cares about him and will find him people to have connections with outside of here.
2. I taught D.W to take one day at a time, don't overload himself with task and things to put on his plate all at once because getting better is going to take time and to be patient with himself. Some days are easier than others but if he continues to make forward progress and can notice the positive changes within himself, he is on the right track.

### Growth & Development

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

D.W falls under the late adult at the age of 72, some of the norms of growth and development is the major developmental task- this is reviewing ones life and derive meaning from both positive and negative events, D.W spoke about the negative choices he made in life and how he regrets them but he also spoke about the positive events in life such a starveling cross country and having a dog and caring for the dog and working in carpentry for over 50 years. He also had a sense of self-acceptance, he accepted who he was and his personality and was proud of who he was as a person as far of personality and his character towards others. Also, the norms is cancer is prevalent and D.W has a past medical history of esophageal cancer. Also, skin changes were present with D.W such as wrinkles, age spots

2. Discuss any deviations of growth and development.

D.W didn't have a hearing acuity, he didn't ask for words to be repeated and could understand what you were saying to him, he also could recall short term memory fairly well.

**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, I felt more comfortable to talk to patients, although it was a different age group it felt easy to sit down and talk and spark a conversation at breakfast with no pressure to talk about feelings or emotions or why they were there. Speaking and hearing the stories of the many patients on the unit really was impactful, hearing the different background and situations that people go through in life truly makes you reflect and understand how lucky we are to not have to deal with some of the same stressors or situations that other do. I feel like today I listened very well, I asked questions that truly allows for patients to open up and I think I made people feel heard. One thing that really stood out to me was when D.W at the end when I was saying goodbye he thanked me for just listening to him and making him feel seen and like a person. That truly hit home because everyone should feel seen and heard and especially being in the nursing field, you always want your patients to know you are there for them and care for them and want the best for them. One thing I wish I did better was got the chance to talk to everyone at least for a few minutes, everyone's story is different and knowing that there isn't one on one time very often maybe making the time to talk to everyone today could have made a difference in more then just one person. I personally loved this clinical experience and wish we had more then 2 days here. I would love to be able to come back on the units and see the growth of the patients we met today and see new patients arrive.