

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Kevin Juarez Date: 9/10/25

Patient's Initials: T.M Age: 63 Sex: M

Psychiatric Diagnosis(es): Major Depressive Disorder (MDD)

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	The prefrontal cortex becomes less active, making it harder to think clearly, solve problems & regulate emotions. Anterior Cingulate cortex begins to dysfunction, making patients feel emotionally numb or struggle to make simple choices. The Amygdala becomes hyperactive, which makes people more sensitive to negative experiences and more likely to feel overwhelmed. Chronic stress and cortisol shrinks the hippocampus, leading to poor memory, difficulty coping and concentrating.
Neurotransmitters:	Serotonin levels are often low, leading to sadness, irritability, sleep problems and suicidal thoughts. Norepinephrine is often low, which leads to physical and mental exhaustion, trouble concentrating and will experience slowed thinking or movement. Dopamine levels drop, which contributes to their feelings of anhedonia, disconnection, and numbness.
Course/ characteristics of illness:	Develops gradually or suddenly, often triggered by stress, trauma, or medical issues. Its key features are seen by persistent low moods, loss of interest in activities, fatigue, and feelings of worthlessness. Trouble sleeping, changes in appetite and slowed movement/thinking may also occur. It can come in episodes or be recurring or a chronic problem. Without treatment and support depression will worsen, and can increase the risk of suicidal thoughts/behaviors, especially from poor decision making skills.

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Zoloft (Sertraline). Antidepressant, anxiolytic, OCD, adjunct. Used for depression, PTSD, panic disorder, social disorder	Blocks reuptake of serotonin at CNS neuronal presynaptic membranes, ↑↑ availability within the brain to use. Relieves depression and decreases OCD behavior & anxiety.	GI upset, drowsiness, dry mouth, sexual dysfunction, serotonin syndrome	Monitor mood and anxiety levels. Assess for serotonin syndrome, educate on adherence and delayed onset of action.

<p>Abilify (Aripiprazole) Used as second gen (atypical) antipsychotic agent. Treats schizophrenia, acute bipolar I disorder attacks, adjunct major depressive disorder, irritability.</p>	<p>Atypical antipsychotic, partial agonist of dopamine (D<sub>2</sub>, D<sub>3</sub>) and Serotonin (5-HT<sub>1A</sub>, 5-HT<sub>2A</sub>) that helps stabilize mood &amp; reduce emotional blunting. Improves symptoms of schizophrenia, depression and bipolar disorder.</p>	<p>Akathisia, weight gain, restlessness, insomnia, dizziness, constipation, hyperglycemia.</p>	<p>Monitor for extrapyramidal symptoms, assess for agitation or restlessness. Educate patient to report unusual movements or mood changes.</p>
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### Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Did not comment directly on appearance but presented with clean clothing & maintained hygiene	Appears well groomed with a neatly maintained beard, is dressed appropriately for the weather in clean clothing. Hygiene is intact and posture is upright and calm.
Behavior	"I'm tired of how things are."	Calm, cooperative, non aggressive. No psychomotor agitation or retardation noted.
Speech	"Insurance makes more money than God".	Speech is fluent, spontaneous, and well articulated. No slurring, latency or pressure.
Mood	"I feel hopeless. I've got nothing left".	Mood appears depressed. Affect is flat but appropriate to context.
Disorders of the Form of Thought "They don't care"	"It's all because of my wife, don't get married. That's real life for you".	Thought process is linear, goal directed, and coherent. No signs of disorganized thinking. Expresses hopelessness, abandonment and unfair systems.
Perceptual Disturbances	No hallucinations or unusual sensory experiences.	No evidence of perceptual distortions or responding to internal stimuli.

Cognition	"I've lived a long life and its real".	Alert and orientated x4 No memory impairment. Insight and judgement intact.
Ideas of harming self or others	"I just need a home first before all this" when referring to bucket list creation.	No active plan or intent Expresses emotional exhaustion and lack of coping efficacy.

### Problem #1:

Risk for suicidal self injurious behavior

#### Priority Patient Goal:

1. Will remain safe and free from self-harm during inpatient stay and express at least one reason for living before discharge.

#### Assessments:

Monitor for SI, plan, intent.

- Assess mood, affect, and coping statement daily.

#### Top 2 Interventions with rationale:

1. Collaborate with social services to explore housing options and connect patient with community resources of shift.
2. Establish a therapeutic alliance and conduct suicide risk assessment of shift.

### Problem #2:

Ineffective Coping

#### Priority Patient Goal:

1. Will identify at least one personally meaningful coping strategy and express willingness to engage with support systems by discharge.

#### Assessments:

Assess current coping strategies and effectiveness. Evaluate emotional responses to facility based activities.

- Assess goals and perceived barriers to stability.

#### Top 2 Interventions with rationale:

1. Validate frustration with current coping strategies and initiate discussion of alternative approaches that reflect his values of shift.
2. Facilitate brief goal setting conversation focused on realistic short term steps toward housing and stability of shift.

#### Patient Teaching

List 2 teaching topics that you taught a client.

1. Educated that focusing on future goals through creation of bucket list helps identify meaningful reasons to shift focus on future experiences.
2. Informed that facility staff care about his wellbeing and that many resources are available to assist with housing and coping strategies.

## Growth & Development

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

He expressed a desire to reconnect with his 8 children and wants to work with children since he enjoyed playing Santa for them. He has a drive for generativity and legacy and wishes for meaningful relationships. I think he is transitioning from Generativity vs Stagnation to Integrity vs Despair, falling into the Despair category.

2. Discuss any deviations of growth and development.

Due to divorce, homelessness and family estrangement, his development has been disrupted. No longer being able to focus on generative roles, he has to worry about food, shelter, and safety, placing him at the bottom tier of Maslow hierarchy of needs. He is facing unmet survival needs and instability.

## 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.

During the clinical day, it felt more difficult to approach people who most were already so closed off and reserved. Yet, I was able to connect with a patient on a personal level with the reveal of his ongoing battle post his divorce. I was able to validate his current emotional experiences and provide empathy, coping strategies, and an ear to hear his story. It was difficult to take in a lot of what he went through, but I think I did well in educating him on available housing resources and emphasized that the staff cares and will help him back from the unfair experiences he went through. The conversations are hard, but what these people have gone through and are currently going through is even harder. In the future I want to be able to redirect negative outlooks such as, "they don't care," "insurance just wants to make all the money", and "that's real life for you" into positive outlooks.