

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Alexa Dolan

Date: sept. 10, 2025

Patient's Initials: JW

Age: 39

Sex: M

Psychiatric Diagnosis(es): Major Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Changes to hippocampus, prefrontal cortex, amygdala, and thalamus
Neurotransmitters:	Results in low serotonin, norepinephrine and dopamine, glutamate, and GABA
Course/ characteristics of illness:	Persistent feelings of sadness, loss of interests, fatigue, difficulty making decisions, thoughts of suicide.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Bupropion/ Wellbutrin	NDRI – increases norepinephrine and dopamine in the brain.	Dry mouth, nausea, insomnia, headache, agitation and anxiety, high blood pressure	Monitor mental health status in the first couple months, signs of seizure activity, stop MOAI inhibitors.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Clean, well groomed, white sweatshirt, camo sweatpants, black undershirt, mid length beard and black slides.
Behavior	<p>“I want to be productive and try new things”</p> <p>“I have tries to be nice but if I can’t get my meds I won’t be.”</p>	Generally pleasant demeanor throughout treatment, slight agitation when meds were not available but participated when in group was less shy.
Speech	<p>“I don’t like to speak out unless spoken to”</p> <p>“I have opened up to others throughout the past week”</p>	Clear and understandable speech, no signs of impediment or verbiage., appropriate speed of talking and appropriate for age.
Mood	<p>“I am working on getting together a treatment plan for when I get out of here”</p> <p>“I had a restful night sleep and ready for the day”</p>	Pleasant and hopeful, appeared grateful for the opportunity to get better. Verbalized no complaints on how day was going.
Disorders of the Form of Thought	<p>“I was here last month and did not do tx after, I relapsed a couple days later and totaled my new car”</p>	Was not open to extra tx in the past and admitted to past suicide ideations during group, wanting to make a change but feels like he is failing fiancé and stepson by his actions.
Perceptual Disturbances	N/A	No hallucinations or visual or auditory disturbances present.
Cognition	<p>“I am able to read, I don’t like to but I am really good at crosswords puzzles.”</p>	Able to recall recent and past memories leading up to facility, able to carry conversations and contribute to conversations around.
Ideas of harming self or others	<p>“I have tried to kill myself once before...”</p> <p>“I was going to try to OD on fentanyl because I have never tried it”.</p>	Shows no signs of active SI but did recall motives before in the past due to relationship, job and financial stressors in the past. Wants to seek excess tx and participate in staying clean.

Problem #1: RISK FOR INJURY

Priority Patient Goal:

1. patient will remain in a calm and safe environment throughout my time of care.

Assessments:

- Assess personal surroundings and setting Q 15 mins

Top 2 Interventions with rationale:

1. Remove all potential objects and triggers that can impose self-harm on patient- no dangerous items in the room= less chance of materials used for harm.
2. Group therapy with other peers going through the same situation- talking about feelings in a group setting with others going through the same issues can help create a therapeutic environment.

Problem #2: RISK FOR INEFFECTIVE RELATIONSHIP

Priority Patient Goal:

1. Will verbalize one technique to maintain a healthy relationship by the end of their stay.

Assessments:

- Observe and assess willingness to meet with family/ spouse and behavior expressed during meeting.

Top 2 Interventions with rationale:

1. Encourage open communication and advocacy for self- understanding how to speak up for ones self and properly communicate thoughts and feelings strengthen self-esteem and outside relationships.
2. Introduce setting clear and precise boundaries for self- setting boundaries can establish initial trust in self and potentially others when understanding triggers and comfortability.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Everyone is on different timelines in life and it is perfectly okay – it may take others to get where they want to be rather than comparing their life to someone else.
2. Effective coping strategies- using art therapy and peer support can help with the emotional and mental struggle that a patient can store within.

Growth & Development

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

Generativity vs stagnation : thriving in profession, family time and relationship development, planning and carrying out goals for now and future, partaking in organizations.

2. Discuss any deviations of growth and development.

Unstable relationship with fiancé and stepson, laid off from job, use of drugs every day, feelings of hopelessness for future plans/relationships, imprisonment

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 I did a better job at communicating with patients and better understanding their stories. I think it is very important to make time and listen to what others have to say regarding their story and the effects it may have on their health. I am excited and intrigued to learn more about the mental health population because of this clinical experience.