

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Katelyn Milligan Date: 9/16 _____

Patient's Initials: A. _____ Age: 50 _____ Sex: Female at birth now identifies as man.

Psychiatric Diagnosis(es): Schizophrenia

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Enlarged lateral and third ventricles = loss of brain tissue volume Reduced gray matter in the prefrontal cortex, temporal and parietal lobes. Smaller hippocampus likely due to trauma. Reduced volume of the amygdala. Disrupted white matter.
Neurotransmitters:	Increased dopamine. Decreased glutamate. Increased serotonin. Decreased GABA.
Course/ characteristics of illness:	Has 4 phases. The prodromal phase: can be 1 month-1 yr before psychotic break shows as deteriorating role function, social withdrawal, depression. The acute phase: Where psychotic symptoms are prevalent, safety is the priority here and monitoring for suicide is crucial. The stabilization phase: Symptoms diminish, this stage focuses on reduce negative symptoms and promote functioning. The maintenance phase: The goal here is long term control and quality of life, includes knowing warning signs, medications and a support system.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Abilify (Aripiprazole) For schizophrenia positive (Hallucinations/Delusions) and negative symptoms (flat affect, social withdrawal) Bipolar Adjunct for major depressive disorder	Second Generation Antipsychotic (Atypical) Partial agonist of the dopamine receptors stabilizing dopamine along with partial agonist and antagonist	Restlessness, insomnia, agitation, anxiety, sedation, weight gain, N/V, diarrhea, weight gain. Risk of NMS and TD, metabolic syndrome.	Assess suicidal thoughts and behaviors Monitor for metabolic syndrome Encourage adjunctive therapies along with medication like art therapy, gym.

	for serotonin.		

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I need to go so I can go get my hygiene products and take a shower”	Wet showered hair, clean paper scrubs.
Behavior	“I do like talking about things it makes me feel better”	Poor eye contact, faced towards the wall and not facing me, fidgeting with fingers, rocking body a little while sitting, sitting alone not talking to others, did not participate in gym activities
Speech	“I like to talk a lot”	Disorganized, fast, sometimes hard to understand
Mood	At morning meeting stated “I am feeling depressed this morning, my goal is to feel better today” stated later “I am feeling anxious because I would like to get out of here”	Leaned in posture, looking down at ground, not participating in talking to others or activities
Disorders of the Form of Thought	“After I leave here I want to live on my own in an apartment I was told another patient got an apartment approved by the doctor. Do you listen to any music”	Jumps from topic to topic quickly
Perceptual	Repeating “yeah yeah yeah”	Delusions of talking to someone by

Disturbances		facing the air ahead of them and talking along with fidgeting their fingers, mumbling, high pitched squeal.
Cognition	When asked about family recalled “My mom passed from cancer, my dad was a veteran and passed in a veteran home, my uncle was really mean and yelled in my face, my step dad was an alcoholic and attended AA”	Memory intact, responded with recollection of everything that I asked.
Ideas of harming self or others	Stated “I used to be depressed and I was taking cold medication syrup along with pills and one time I took too many and I ended up in the hospital”	History of drug abuse due to depression

Problem #1: Impaired social interaction

Priority Patient Goal:

1. Will engage in a conversation with another patient during my time of care.

Assessments:

- Eye contact with others, body language (facing away, fidgeting), anxiety level, hallucinations, mood, where they are sitting in context with others (opposite side of room or next to someone), participation in group activities, suicidal ideations.

Top 2 Interventions with rationale:

1. Encourage to make friends by involving other patients in the conversation with us to initiate social interaction, this will make him feel more safe to talk to others since I am initiating it and am there to make it more comfortable.
2. Ask them to participate in basketball during gym time with me so that others can join in and they can work as a team with other patients.

Problem #2: Disturbed thought process (Hallucinations)

Priority Patient Goal:

1. Will identify one coping mechanism during times of hallucinations to reorganize thinking.

Assessments:

- Type of hallucinations and frequency, what the hallucinations are saying, what he is saying back to them, body language (fidgeting, where he is facing), mood during hallucinations, anxiety level.

Top 2 Interventions with rationale:

1. Provide a distraction from the hallucinations by asking a question that they might have interest in like what their favorite movie is, this will reduce any anxiety he may have along with reorienting back to reality.
2. Acknowledge that he is experiencing hallucinations by saying “I understand that you are hearing voices can you tell me about what they are saying?”, this will make him feel validated and build trust within me along with ruling out any concerns for safety.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Coping mechanisms for anxiety like talking to others and getting how you feel out and not bundling it all in.
2. Participating in activities can bring joy and be therapeutic instead of sitting by himself.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. The norms of growth and development for a 50 year old would be to want to feel useful in the community and guide others whether that be through work, family members, or even volunteering. They would have had families of their own by now and or marriages, live on their own, have had a career.
The developmental stage is Generativity vs. Stagnation

2. Discuss any deviations of growth and development.

He showed deviations of growth and development because he can not maintain a job, does not have a relationship or children, is socially withdrawn, lived with his parents up until they passed away and now lives in group homes when not at the hospital.

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 well with talking to many patients. Every time I came into contact with someone I would introduce myself and ask them how they were doing and allowed them to take on the direction of the conversation. Some wanted to talk others did not. I think I could work better on being more direct about what to ask. I got a little nervous at times with my patient to dig deeper and ask like “tell me more about that” because I did not want to start a anxiety provoking situation for him.