

Dover Behavioral Health
Clinical Assignment
2025

Student Name: MaKenna Miska Date: 9/16/25

Patient's Initials: **E** Age: **13** Sex: **F**

Psychiatric Diagnosis(es): **Depression**

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	-Brain imaging shows changes in the prefrontal cortex, hippocampus, and amygdala, which control mood, memory, and stress. Also reduced hippocampal size and abnormal prefrontal activity impair emotional regulation.
Neurotransmitters:	-Imbalances/decreases in serotonin, norepinephrine, and dopamine disrupt mood, energy, concentration, motivation, and sleep.
Course/ characteristics of illness:	-Depression is typically chronic and recurrent. Episodes can last weeks to months if untreated. Some common characteristics include persistent sadness, loss of interest/pleasure, sleep and appetite disturbances, fatigue, poor concentration, feelings of guilt or worthlessness, and suicidal thoughts. It often goes hand with anxiety and can worsen other chronic medical conditions.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Fluoxetine (Prozac) -Depression, Major depressive disorder, anxiety disorders, OCD, panic disorder	-Selective serotonin reuptake inhibitors (SSRIs) -Increase serotonin, by blocking the reuptake of serotonin, increasing serotonin availability in the brain.	-Insomnia, sexual dysfunction, GI disturbances, headache, possible serotonin syndrome	-The nurse should monitor for suicidal thoughts especially in the beginning, teach that full effects may take 4–6 weeks, administer in the morning to reduce insomnia, use caution with other serotonergic agents, monitor weight and nutrition, and educate the patient not to stop the medication abruptly.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I don’t like to wear my socks the normal way, I like them inside out”	Dressed in comfortable clothing (pajama pants, crewneck from home). Socks were hanging off feet. Hair was messy, not brushed.
Behavior	“NO, I’m not answering.” “Goal for today is to not get into any fights and eat healthy.”	Calm, social with peer’s majority of day. Few bursts of anger during school, for example when asked to answer questions or to quiet down. -Participated well during the morning rounds.
Speech	“I’ve been here for 10 days but ill be ready to leave when they think it’s the right time”	Calm, clear, normal for age, welcoming to talk to me
Mood	“I feel okay, but sometimes annoyed.” “I was really annoyed about the girls fighting this morning”	Calm, social, occasionally angry or frustrated
Disorders of the Form of Thought	N/A	Thought process logical and goal oriented.
Perceptual Disturbances	N/A	-No signs of hallucinations
Cognition	“I like learning about Greek pathology”	-A&O x4, able to focus and complete tasks during school activities.

Ideas of harming self or others	N/A	N/A
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Problem #1: Risk for Suicide

Priority Patient Goal:

- 1. Patient will remain safe and free from self-harm during the shift/day.**

Assessments:

- **Assess verbal statements indicating thoughts of self-harm or hopelessness, monitor behavior for signs of agitation, withdrawal, or unusual mood changes, evaluate support systems and coping mechanisms available to the patient.**

Top 2 Interventions with rationale:

- 1. Implement constant or frequent observation as indicated, this maintains patient safety and allows immediate intervention if suicidal behavior occurs.**
- 2. Establish a therapeutic relationship and encourage communication of feelings, this helps the patient express emotions safely, reduces feelings of isolation, and provides emotional support.**

Problem #2: Ineffective Coping

Priority Patient Goal:

- 1. Patient will demonstrate at least one positive coping behavior (talking with a peer, engaging in activity) by the end of the shift/day.**

Assessments:

- **Observe interactions with peers and staff, assess patient’s ability to express feelings and use coping strategies, monitor body language, eye contact, and participation in activities.**

Top 2 Interventions with rationale:

- 1. Encourage verbal expression of feelings and emotions, this supports emotional processing and reduces internalized stress.**

2. **Teach relaxation techniques (deep breathing, guided imagery, or mindfulness).
These can reduce anxiety and improve coping.**

Patient Teaching

List 2 teaching topics that you taught a client.

1. **Focusing on personal growth and staying out of conflict. I explained the importance of concentrating on her own recovery and well-being rather than getting involved in drama or conflicts with peers in the girls' section.**
2. **Coping strategies for managing feelings of sadness or anger, I gave her a few different techniques such as deep breathing, journaling in the notebooks they provide, or talking to a trusted adult when upset.**

Growth & Development

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

-The patient is 13 years old and in early adolescence, which generally includes ages 12–18. According to Erikson, she is in the stage of Identity vs. Role Confusion, where developing a sense of self is key. During this time, physical changes like growth spurts, hormonal shifts, and the development of secondary sexual characteristics are common. Cognitively, adolescents start thinking more abstractly, reasoning logically, and solving problems more independently. Emotionally and socially, they may have mood swings, feel more self-conscious, and want more independence. Peer relationships are very important, and it's typical for them to start taking more responsibility for their personal care, schoolwork, and daily decisions.

2. Discuss any deviations of growth and development.

-The patient's physical and cognitive development appears typical for her age. However, she shows occasional irritability, and burst of anger. Her coping skills also seem weaker than those of other adolescents, making her more sensitive to stress, especially with the drama and social challenges on the girls' section. Despite these emotional struggles, she is meeting her overall growth and developmental milestones for her age.

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.

-Overall, I feel that I did a good job today connecting with my patient, especially during lunch. I was able to keep a conversation going, make her smile, and give her space to share her thoughts and feelings about her stay at Dover Behavioral. That felt meaningful and helped build rapport. On the other hand, I know I could have done better at making additional connections throughout the day, particularly when the other kids were in school. I also could have asked more questions to gather information from the patient, which might have helped me connect with her even more. I'm looking forward to using what I learned today to build stronger connections tomorrow.