

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Jocelyn Holden Date: 09/16/2025

Patient's Initials: N/A Age: 50 yo Sex: Male

Psychiatric Diagnosis(es): Bipolar I

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Abnormalities of gray matter & size of hippocampus (↓ in size) and amygdala (↑ in size/hyperactivity)) resulting in impaired mood regulation, emotional processing, and control of impulses.
Neurotransmitters:	Dopamine: Mania (↑) Depression (↓) Norepinephrine: Mania (↑) Depression (↓) Serotonin: Depression (↓) GABA: Mania (↓) Acetylcholine: Depression (↑) Mania (↓)
Course/ characteristics of illness:	Course: Mood swings from profound depression to extreme euphoria (mania), with intermittent periods of normalcy. Characteristics: Manic episodes, inflated self-esteem, decreased need for sleep, more talkative, distractibility, and increase in goal-directed activity.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lithium	Mood stabilizer * Stabilizes depression and mania. Alters cation transport in nerve and muscle. May also influence reuptake of neurotransmitters.	Fine hand tremor, weight gain, polyuria, nausea, general discomfort, and mild thirst	* Monitor serum blood levels * Monitor sodium levels * Monitor mental status (orientation, mood, behavior)

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I normally wear glasses.” “I have no showered today, I’ll try to later.”	50-year-old white caucasian male, approximated 5’ 10” wearing maroon scrub top & bottom. Grey hair, short but scruffy. Looked appropriate for age.
Behavior	“I slept decent last night but I woke up early to get my blood drawn.”	Frequently repositioning, excessive use of hands while talking. Maintained good eye contact.
Speech	N/A	Very rapid and fast-paced speech. Normal speech volume.
Mood	“I am feeling hopefully and anxious for today.” “I just want to be happy today.”	Seemed very anxious about what today was going to result in (discharge/conference?) Episodes of rage, faced turned extremely red
Disorders of the Form of Thought	Talking about recent sleep patterns then changed subjected to needing blood drawn to see if he has “cancer” for Accutane.	Often switched between topics frequently. Ask a question and very quickly the topic would be converted to another that’s no similar
Perceptual Disturbances	N/A	N/A
Cognition	Told numerous stories about his childhood and even a very detailed story about he “broke into a car” and got pulled over	Alert and oriented. Mainly keeping the topic self-directed not wants others to interrupt conversation. Aware of mental status/situation to an extent. Memory intact.
Ideas of harming self or others	Talking about medical history and he mentioned, “I’d kill her if I could.” Speaking about his “misdiagnosis”	N/A

Problem #1:

Priority Patient Goal:

1. Ineffective Coping

Assessments:

- Assess mental status (orientation, mood, behavior), Assess emotional state (anxious, depressed, etc.) Assess support systems (family, friends, significant other), Assess coping mechanisms (good and bad).

Top 2 Interventions with rationale:

1. Educate on healthy coping mechanisms (deep breathing, journaling, meditation, etc.)

Rationale: Healthy coping mechanisms allow individuals to remove themselves from the situation and de-escalate.

2. Set two achievable daily goals to work towards throughout the day (remain happy, implement healthy coping mechanisms, etc.)

Rationale: Setting goals can motivation the patient to work towards something to accomplish, ultimately feeling proud of themselves.

Problem #2:

Priority Patient Goal:

1. Anxiety (due to the unknown of the situation)

Assessments:

- Assess level of anxiety (mild, moderate, severe, panic), Assess current life stressors, Assess emotional state, Assess behavior

Top 2 Interventions with rationale:

1. Encourage the patients to verbalizes concerns causing anxiety

Rationale: Allowing the patient to verbalize concerns can help reduce anxiety

2. Promote activities that decrease level of anxiety (ex. my pt wanted to talk to his father, so the staff let him call on the phone)

Rationale: Activities can decrease anxiety and elevate stress that might be causing anxiety

Patient Teaching

List 2 teaching topics that you taught a client.

1. De-escalation/self-control techniques – during group therapy another individual was triggering him. He was able to remove himself from group therapy to avoid aggression. He later returned to group therapy less triggered.

2. Meditation techniques – he often found himself angry while talking about certain situation. Educated on the importance of deep breathing to redirect attention away from triggers to avoid mania.

3.

Growth & Development

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

Middle Adult (30-65 years old): Achieve life goals established, cognitive development no longer advances, significant relationships within workplace, community and family. For my patient, he did not seem to achieve life goals as he still had goals in place nor significant relationships other than his father.

2. Discuss any deviations of growth and development.

For my patient, he did not seem to achieve life goals as he still had goals in place nor significant relationships other than his father. His life goals included “opening his own LLC” and “moving to Scotland to have children”. Throughout the communication he only ever mentioned his father throughout the things he did in life and current situation.

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.

Throughout the clinical day, I had experienced a variety of diagnoses. I believe I did well directing the way of communicating per each individual person. There were numerous personalities, and each different personality resulted in very different conversations. Being able to adjust the way of speaking to everyone was difficult at first but I easily grasped onto it. For example, observing the patients you can realize what triggers the patients and to avoid them while talking with the patient. I believe I could have done better trying to allow the patient to open up a little more. I asked the patient what had brought her in, and she responded with “I’d rather not talk about it”. I took that as an answer when maybe I could have said “Is there something that’s holding you back? If so, let’s talk about it.”