Dover Behavioral Health
Clinical Assignment
2025

Student Name: Morgan Taylor Date: 9/23/25

Patient's Initials: P Age: N/A Sex: M

Psychiatric Diagnosis(es): Bipolar

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Amygdala – increase activity during mania Hippocampus – reduced volume (memory and mood stabilization) Underactive prefrontal cortex (can't control mood)
Neurotransmitters:	Increased dopamine/norepinephrine – mania Decreased dopamine/norepinephrine – depression Decreased serotonin – mania and depression Decreased GABA – mania Increased glutamine - mania
Course/ characteristics of illness:	Bipolar 1- phases of depression and mania. More severe Bipolar 2- phases of depression and hypomania

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lithium	Mood stabilizer - Decreases dopamine to reduce mania and enhances serotonin to improve mood and reduce depression	Fine hand tremor Weight gain Polyuria Metallic taste N/V/D Fatigue	-Blood levels! 0.6-1.2, over 1.5 is toxic -Monitor renal function -Maintain fluid and sodium intake -Do not abruptly stop -Avoid ETOH, diuretics and NSAIDs
Abilify	Atypical antipsychotic: Stimulates receptors when dopamine is too high, blocks when too low. Reduces psychosis and improves mood/anxiety.	HA Sedation Insomnia N/V/D Metabolic – weight gain, increased BGL EPS/NMS/TD	-Monitor for SI -Monitor weight, BGL and lipid panels. -VS (orthostatic hypotension) -Avoid ETOH -Assess for EPS and NMS

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Disheveled – shirt on inside out, sock halfway off of foot. Hair not groomed and half into a low ponytail
Behavior	N/A	Accepting to other clients Participated in group and activities
Speech	N/A	Rapid Rambling Disorganized
Mood	“happy” “tired”	Pleasant affect Positive mood
Disorders of the Form of Thought	N/A	Flight of ideas Pressured speech Circumstantiality Stilted speech
Perceptual Disturbances	N/A	N/A
Cognition	Master’s degree “writer”	Answered many questions and engaged in conversations
Ideas of harming self or others	Denies SI	Denies SI

Problem #1: Nonsuicidal self-injurious behavior

Priority Patient Goal:

1. Client will verbalize a therapeutic coping mechanism that does not include alcohol during my time of care.

Assessments:

- Assess client mood, affect, and for suicidal ideations q2h

Top 2 Interventions with rationale:

1. Maintain a safe environment with no potential safety hazards such as sharp objects and alcohol-free hand sanitizer. This will maximize safety precautions.
2. Administer prescribed medication (lithium). Lithium will help to reduce depressive symptoms and stabilize mood of client.

Problem #2: Disturbed thought process

Priority Patient Goal:

1. Client will demonstrate self-control with the aid of staff and medications.

Assessments:

- Assess client for SI, hallucinations or delusions, speech pattern, mood and affect.

Top 2 Interventions with rationale:

1. Maintain a calm tone and set boundaries with client. This will allow client to understand expectations towards staff and other clients.
2. Administer prescribed abilify. Abilify will help to reduce mania which should allow client to control self-more appropriately.

Patient Teaching
List 2 teaching topics that you taught a client.

1. Meditation techniques – guided imagery and quiet time as a relaxation technique.
2. Brian games – engages clients in positive behaviors

Growth & Development

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

Middle adult hood – this client was maintaining his cognitive development and intellectual abilities. He explained about classes he took in the past and his education. Generativity vs Stagnation – he believes he has contributed to society by writing a novel (not published) and doing much personal education on the book he wrote. Overall, I would say he is developmentally appropriate.

2. Discuss any deviations of growth and development.

Deviations of the growth and development for this client would be self-limiting due to bipolar disease. He was trying to converse with other clients, and his self-grandeur and flights of speech deferred clients from engaging with him.

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 believe the clinical day was eye-opening. I felt comfortable talking with the clients even though we mainly observed since their schedule was busy. I felt the staff of DBH constantly had the clients' doing activities, so I was trying not to disrupt their routine. I could have made more of an effort to interview clients, and I believe after having today to get the hang of it I will be able to do that better tomorrow. I will do better with talking to clients, as I now know they will appreciate and enjoy the conversations and having someone listen to them. I won't think of it much as me interrupting their day. I did well with open posture and demeanor. I had a positive mood and was conversating with everyone who was willing to talk. I think I did well in the final activity "family feud" because myself and another student were partnered with a client who didn't really speak to anyone much throughout the morning. We were able to get him to express himself and talk with us, Towards the end of the game I could tell he was more comfortable with me, and it was a positive take away noticing how he was opening up more and could tell he was enjoying himself.