Dover Behavioral Health
Clinical Assignment
2025

Student Name: Lacy Bayley Date: 09/24/25

Patient's Initials: B Age: 45 Sex: M

Psychiatric Diagnosis(es): Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Genetic Dysregulation in prefrontal cortex, impaired decision, concentration, and mood. Dysregulation in hippocampus, memory impairment and emotional regulation Amygdala hyperactivity, increased fear responses.
Neurotransmitters:	Serotonin – decreased levels Norepinephrine – decreased Dopamine – Decreased GABA – imbalance could r/t mood / anxiety
Course/ characteristics of illness:	Can occur at any age, can be r/t genetic, environmental, or previous traumas in life. Symptoms persistent for at least 2 weeks, 5 symptoms from DSM5 list, 1 must either be depressed mood or anhedonia. Often co-exists with other mental health disorders Chronic or waves of normalcy can occur

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Fluoxetine Tx of MDD, OCD, BN, Panic disorders	SSRI Inhibits reuptake of serotonin, increasing serotonin	Wt. gain Increased r/f suicide Sexual dysfunction Insomnia Loss of appetites	Monitor for increased r/f suicide when first started Do not mix with MAOIs Monitor for serotonin syndrome Educate to not stop abruptly and may take time to feel full effects
Amitriptyline MDD Anxiety	Tricyclic Inhibits reuptake of norepinephrine and serotonin	Anticholinergic - Dry mouth - Constipation - Urinary	Monitor for suicidal thoughts Monitor cardiac function Monitor for bladder

		retention - Drowsiness - Wt gain - Blurred vision Cardiac arrhythmias Increased r.f suicide	retention Take at night r/t sedative effect Educate may take 2 weeks to feel effects

Mental Status Exam:

	Subjective Data	Objective Data
Appearance		Hair unkept, missing all but front two teeth from top jaw. Clothes had stains, wearing biker shorts and t-shirt.
Behavior	"I'm not participating in the group activity it is stupid"	Responded when asked question. Refused to participate in each group activity. Sat along wall, did not socialize with other small people or during groups in facility.
Speech		Normal pace speech, complete sentences, normal loudness.
Mood	"I carry a lot of grief with me" "I am tired annoyed, and have only slept 4 hours this week because people keep waking me up at night" "Nothing has worked and wont work"	Negative mood towards engaging in group activities. Irritated during second session of group therapy. One on one displayed more engaged attitude and excited to answer questions referring to self.
Disorders of the Form of Thought	"No coping strategy has ever worked and never will." "the meds don't do a thing, and won't, I've tried everything" "When I get out of here I am gonna go get a new job and start a new chapter, my sister and I	Stayed on topic at hand during conversations, but would jump from verbalizing thoughts of suicide to future long term plans and a list of goals once he leaves. Sentences were coherent. Pessimistic towards coping

	are gonna move to a new apartment	strategies.
Perceptual Disturbances		No signs of hallucinations or delusions
Cognition	”	Oriented to time, place,person. Able to concentrate on conversation and task at hand. Strong past and recent memory.
Ideas of harming self or others	“My goal for the day is to kill myself” “ My first attempt was when I was 12” “When life gets hard I resort to cutting my wrists” “I got discharged last week, and came right back later that night”	In morning group session wrote how he was planning to kill himself at facility.

Problem #1: Risk for self-harm

Priority Patient Goal:

1. __Will refrain from self-harm and verbalize to staff when thoughts of harming self-occur_____

Assessments:

- ___Assess room for dangerous objects daily, assess mood q15 mins, assess for plan when verbalized they want to hurt self, assess level on energy, assess for any support system in their life.

  _____

Top 2 Interventions with rationale:

1. _Develop a plan of who to contact or actions to take when thoughts occur during my time of care. – builds a support system and slow down thought process before making any decisions _____
2. _Remove any objects that could case potential harm to patient daily._____

Problem #2: In-effective coping_____

Priority Patient Goal:

1. ___Will verbalize at least one strategy to use to cope when stress arises by end of my care_____

Assessments:

- ___assess current coping strategies, assess readiness to learn, assess what triggers their feelings, assess ability to complete ADLs, assess ability to concentrate_____

Top 2 Interventions with rationale:

1. _Encourage use of journaling daily. – Help ID triggers and work on putting feelings into words ._____
2. _Participating in at least 2 group therapy activities daily. – Encourages trying to learn new ways to speak or handle emotions, discussing with others to relate about stressors and possibly find new perspective to build new coping strategies._____

Patient Teaching

List 2 teaching topics that you taught a client.

1. Educated on trying slowing down and deep breathing and to ask staff to go to a quiet room when verbalizing increasing irritation while being in the facility.

2. Educated on avoiding isolation and feeling lonely by participating in group therapy activities daily.

Growth & Development

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

B. is 45 yo falling under generativity versus stagnation. His only family and support system is his younger sister and does not have any kids of his but many grandnieces that live in Missouri. He vocalized how much he enjoys being able to help take care and be apart of their life, partially fulling a sense of purpose. On the other hand he has not had a stable job in the past 5 years and kept voicing once he gets out he wants to get a job again, go back to school, move his sister and him out of a hotel and into a real apartment. B. has a lot he still has to work thought to achieve

but is definitely working on finding a sense of purpose and trying to take care of others in his life.

2. Discuss any deviations of growth and development.
The main deviation is since he currently does not have a stable career or passion that gives purpose and the only family he has near to care for is his sister, when he was not actively discussing these goal each conversation prior was about how he does not want to be alive.

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.

Today I felt much more confident talking to patients and asking questions I was very hesitant to ask yesterday. Today felt easier to make a 1:1 conversation happen. I also felt there was more opportunity to incorporate therapeutic communication and techniques compared to yesterday. I think in the future what I would want to work on is making sure patients feel comfortable expressing their feelings but making sure the boundary of I am not trying to gossip is established, there was a few conversations where it felt like the patients were looking for me to start defending their actions or agree with their comments about that staff however that's not appropriate, and had to try and redirect the conversation without dismissing their feelings.