

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Danni Alfree Date: 11/5/25

Patient's Initials: M Age: 14 Sex: F

Psychiatric Diagnosis(es): ODD

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Reduced activity or delayed development in the prefrontal cortex. Overactive or heightened reactivity of the amygdala. Dysfunctional connections between the limbic system and prefrontal cortex.
Neurotransmitters:	Dopamine is dysregulated and can have reduced sensitivity. Low serotonin levels. Imbalanced norepinephrine.
Course/ characteristics of illness:	Symptoms usually appear around 6-8 years old. In early stages defiance can begin with parents or caregivers and as they age it extends to teachers and peers and can lead to law breaking. Characteristics are angry/irritable mood, argumentative/defiant behaviors, and spiteful.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
risperidone maintenance tx for bipolar disorder	Antipsychotic Act by antagonizing dopamine and serotonin in the CNS	Itching/rash, rhinitis, constipation, diarrhea, dry mouth, nausea, weight gain, headache, insomnia	Monitor mental status, assess weight and BMI, monitor for hyperglycemia, ensure meds are swallowed
Aripiprazole Acute tx of manic & mixed episodes associated with bipolar	Antipsychotic Psychotropic activity may be due to agonist activity at dopamine D ₂ and serotonin 5- HT _{1A} receptors and antagonist activity at the 5-HT _{2A} receptor. Also	Constipation, drowsiness, tremors, N/V	Assess mental status during tx, assess for SI, assess weight and BMI, monitor for TD

	has alpha ₁ -adrenergic blocking activity.		
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Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	-hair neat and in buns -wearing provided scrubs with personal crewneck over, clean
Behavior	“I don’t want to sit here” “can I go”	-excessive body movements, getting in and out of chair repeatedly -normal balance and gait -no abnormal body movements -maintains eye contact
Speech	N/A	-clear, rapid, and loud -blurts out responses
Mood	“I’m feeling good” “don’t make me mad” “be quiet and stop talking”	-animated affect -happy when talking about leaving today and when talking about self -became frustrated when told what to do
Disorders of the Form of Thought	N/A	-coherent -appropriate thought content
Perceptual Disturbances	N/A	N/A
Cognition	“I don’t even know why I’m here”	-A&Ox4 -remote, recent, immediate memory -disturbed attention, talking about a new subject during the one she

		previous brought up, continuously wanting to do a new project minutes after starting last one -appropriate abstraction -impaired insight and judgement
Ideas of harming self or others	“I was going to fight her”	-no self-harm ideations -prior to breakfast almost got into a fight with someone else

Problem #1: Ineffective coping

Priority Patient Goal:

1. Pt will identify two stressors/triggers that lead to anger or defiant behavior by the end of treatment.

Assessments:

- Assess family dynamics and support system at the beginning of my shift

Top 2 Interventions with rationale:

1. Set clear, consistent limits on behavior at the beginning of my shift. Known consequences promote security and help the client learn self control.
2. Provide positive reinforcement for appropriate behavior when applicable. Rewarding positive behavior strengthens desired coping response.

Problem #2: Impaired social interaction

Priority Patient Goal:

1. Pt will demonstrate increased cooperation during group activities during my care.

Assessments:

- Assess the ability to interpret social cues during my shift.

Top 2 Interventions with rationale:

1. Encourage expression of feelings through words rather than aggression during my shift. Promotes awareness of feelings rather than ignoring them and acting out.
2. Use positive reinforcement to acknowledge cooperative behavior when applicable. Encouragement motivates continued positive social interactions.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Encouraged opened communication “How come you think that”
2. Use positive reinforcement “Good job with that”

Growth & Development

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

- interest in boys
- identity vs role confusion: constantly fixing hair, caring about how her crewneck looked
- puberty began
- seeks peer affiliation
- struggled with mastery within peer group
- wide mood swings
- anger outwardly expressed, mood swings, verbal insults

2. Discuss any deviations of growth and development.

- almost no desire to remain dependent on parents/caregiver
- major conflict over caregivers’ control
- doesn’t conform to group norms (acting out, not listening)

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 listening when the patients wanted to talk. For the majority of the day, they talked among themselves with school related issues. When I was a part of the conversation, I asked open ended questions and allowed them to talk about what they wanted. When they complained to me about their schoolwork, I encouraged them to keep working at it and ask for help if needed. Some things I could have done better would be trying to understand their full story without prying. If we were not in the school setting with a teacher teaching, I would have asked more questions and give them a chance to talk.

