

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Camryn Tesch Date: 11/5/2025

Patient's Initials: "Tink" Age: 14 Sex: F

Psychiatric Diagnosis(es): Oppositional Defiant Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Reduced activity in the prefrontal cortex. Increased reactivity in the amygdala. Overactivation of the entire limbic system.
Neurotransmitters:	Decreased dopamine, decreased serotonin or imbalanced serotonin, and increase norepinephrine (fight or flight).
Course/ characteristics of illness:	Begins around age 3-8, common in infants who had difficult tendencies, symptoms must persist >6 months to be diagnosed. Symptoms include anger, irritability, argumentativeness, defiance, and vindictiveness or spiteful behavior. Behavior is consistent in all areas of life (home, school, sports).

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Aripiprazole	Atypical antipsychotic and dopamine stabilizer. Partial agonist at dopamine d2 receptors, antagonist/partial agonist at serotonin receptors – reduces impulsivity and aggression and improves emotional regulation.	Akathisia, tremor, fatigue, weight gain (possibly), nausea, constipation, insomnia, agitation.	Monitor for EPS, check weight and BMI throughout Tx, assess for therapeutic response, educate on the importance of compliance.
Risperidone	Atypical antipsychotic. Strong dopamine and serotonin receptor antagonist.	EPS (dystonia, tremor, rigidity), sedation, weight gain, constipation, dry mouth	Monitor weight and BMI, assess for metabolic syndrome, observe for EPS, educate that improvement happens over weeks, not immediate.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Well-groomed, clean clothes.	N/A
Behavior	When addressed, she would make disgusted/annoyed expressions towards people, but she seemed to be joking.	When asked how she felt in group, she stated, "I feel tired and sick."
Speech	Appropriate for age, had multiple conversations with me during school.	N/A
Mood	During group time, she was laying curled up in her chair and looked to be sleeping and was not participative.	When asked how she felt in group, she stated, "I feel tired and sick."
Disorders of the Form of Thought	Appeared to be in a tired, and bad mood, but no disorders of thought visualized or verbalized.	No disorders of thought visualized or verbalized.
Perceptual Disturbances	N/A	N/A
Cognition	Had a hard time focusing during school time.	Stated, "I don't want to" when the teacher asked her to participate.
Ideas of harming self or others	None observed in chart, visually, or verbally	None observed in chart, visually, or verbally

Problem #1: Ineffective Impulse Control

Priority Patient Goal:

1. Will demonstrate decreased impulsive/defiant reactions as evidenced by using at least 1 coping strategy during my care.

Assessments:

- Assess triggers and patterns to aggressive behavior/defiant episodes when they occur.

Top 2 Interventions with rationale:

1. Teach and model specific coping strategies (deep breathing, asking for a break) Rationale helps to build emotional regulation.
2. Use calm, neutral, and consistent tone and expectations during interactions. Rationale consistency reduces emotional escalation by reinforcing safe environment.

Problem #2: Impaired Social Interaction

Priority Patient Goal:

1. Will engage in at least 1 positive social interaction with staff, family, or peers during my care.

Assessments:

- Assess communication patterns and relationships with peers, teachers, and other staff during interactions.

Top 2 Interventions with rationale:

1. Implement and reinforce a structured behavior plan with clear expectations, rationale predictable structure reduces power struggle and helps to learn acceptable behavior.
2. Involve family in Tx planning and teach positive communication/limit-setting strategies. Rationale Family involvement improves consistency and strengthens support system.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Told her that school was important and that working together as a class can be beneficial.
2. N/A- no other teaching points.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. She is in Piaget's Formal Operation stage of development, can think abstractly and hypothetically, and use logic. Should begin to think about future consequences. She is in Kohlberg's Stage 4 or the Law-and-Order orientation in which behavior should be guided by

authority and rules. She is in Erikson's stage of Identity vs. Role Confusion, in which she should experiment with appearance, friends, and hobbies/interests.

2. Discuss any deviations of growth and development.

I think she may have trouble with thinking about future consequences, as evidenced by her ankle monitor and her impulsive behavior.

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 think I did better at starting and maintaining conversations with the patients. The group was very open and talkative so that made it easier. In the future, I would like to improve on making deep conversation and making the clients think and respond in meaningful, open conversation. During school, I talked with a couple of the girls about what they want to do when they grow up, one of the girls responded that she wants to become a medical assistant since she is about to graduate high school, and then she wants to go to Delaware Tech nursing school to become a nurse. I told her that it is an amazing field and an awesome goal to work towards.