

Reflection Assignment

During my mental status examination of the client, I noticed the client's appearance was neat and appropriate for the client's age. The client spoke at a normal rate with no hesitation, the client had good eye contact, and the client was not restless when being interviewed. When interviewing the client and asking questions from the Patient Health Questionnaire (PHQ) form, the client stated, "I did have low energy and a poor appetite when I first was admitted, but since I have been here for five days, I have gotten a lot better." Something that stood out to me was that the client stated that she was not suicidal but used to be. The client is not active suicidal or passive suicidal, but the client used to have suicidal thoughts, so she used to be passive suicidal. The client said she received treatment that helped her with her thoughts. The client stated to me when I was asking questions from the PHQ form, that said she has felt fidgety or restless several days out of the last two weeks. The client stated, "It is from my anxiety, but my medication has helped." The only similar situation that I could relate to is having some anxiety. I get anxious about different situations and change as well. I believe the client was anxious at points because she was ready to be discharged and the client is a smoker, and she didn't have any nicotine gum at the time. I noticed when observing that many other patients came to my client for guidance. For instance, I was doing fifteen-minute rounds and saw my client in the hallway hugging another client crying. My client was telling the other client words of encouragement and telling her everything was going to be already. So, it felt that every other client was drawn to my client and went to her for comfort. When interviewing my client, it felt that sometimes she knew the right words to say and wasn't telling me everything. Asking my client questions from the PHQ form, I had to ask multiple times in a different way for the client to tell me the truth. As a nursing

student, I can ask the question a couple of times again in a different way, and if I still feel like I am not being told the truth, I could go to the nurse that is assigned to that client and address the situation. As a nurse, during this situation, I could go sit down with the client and interview them and then have a conversation with the provider as well. Some therapeutic techniques² that I utilized was instead of standing and talking to the client, I sat down next to the client, facing them. I also utilized active listening when the client was talking, I made eye contact and listened to what the client had to say. I made the client the priority and tried to make the client feel that this conversation was about them and that I was there to help the client. This experience was something very different for me. I had never been in that type of atmosphere before, so I was a little nervous. But it was a great learning experience for me. I learned that you must really observe what is going on around you. You can learn a lot from just watch someone. You take the information from interviewing the client, but also take the information that you get from just observing the client as well. I learned that they are just people, so do not be nervous to talk with them and have a conversation. Going into this clinical, I was nervous that the clients would be upset that I would be asking them personal questions, but all the clients that I interacted with were very open and were there to receive help. Something I will do differently in the future is how I approach anyone with a mental health disorder. There is a significant stereotypical bias on people who have a mental health disorder and going into clinical I had that in the back of my head. However, being on the unit and interacting with the clients has changed my mind and how I interact with clients who have a mental health disorder.

Mental Status Exam

Client Name <u>Jm</u>		Date <u>09/01/23</u>	
OBSERVATIONS			
Appearance	<input checked="" type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments:			
MOOD			
<input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other			
Comments: <u>"I am feeling good today, but sometimes I get anxious."</u>			
COGNITION			
Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments:			
PERCEPTION			
Hallucinations	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
THOUGHTS			
Suicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments: <u>"I have never had any paranoia or anything like that."</u>			
BEHAVIOR			
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated <input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments:			
INSIGHT	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			
JUDGMENT	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING $0 + 1 + 2 + 6$
=Total Score: 9

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

