

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 hesitations, the client had good eye contact, and the client was not restless during the interview. When I asked how the client was feeling today, she stated, "I am feeling really good today." I asked the client if she had any hallucinations where she sees or hears things that nobody else does, the client stated, "No I don't have anything like that." I asked the client if she had anything thoughts about harming herself or wanting to kill herself, the client stated, "I did want to die, but now I don't." The client told me that she made a really bad decision and thought she would be better off died but realizes now that she made a bad choice. The client stated, "I am ready to get out of here and I am lucky to have a second chance." This client does not have a plan for harming or killing herself, but I would say she has suicidal ideation still even if she does state that she does not feel like hurting herself anymore because within the last 2 weeks she had thoughts that she would be better off dead. When interviewing the client and asking questions from the Patient Health Questionnaire (PHQ) form, the client stated that she has been feeling hopeless and depressed the last 2 weeks. I asked the client if she has noticed having a poor appetite or overeating and the client stated, "A poor appetite, but. I have never really had a big appetite." I asked the client if she has felt restless the last 2 weeks, and she said, "well since I have been here, I have felt restless. I am a yoga instructor and love working out, so being in here I haven't been able to work out." One of the last questions that I asked the client was if she had anything thoughts that she would be better off dead or hurting herself in some way? The client responded, "I did, but not anymore." After adding up the PHQ score the clients score was 11. I think the client has moderate depression based on her PHQ score. The client I believe is passive suicidal

even though she stated that she does not have any thoughts about harming or killing herself. But, the last 2 weeks the client has had thoughts about harming or killing herself. When I was talking with the client, I have not had any similar experience that she has had. The client has been through a lot with being sexual abuse as a child and then founding her boyfriend dead after he hung himself. My client was very opened and social with me during the interview. But, if the client did not want to open up or talk to me, I could have looked in the client's chart to learn more about her or ask the nurse who is taking care of the client more information about her. As a nurse if the client did not want to open up, I could use some therapeutic communication skills to try to get the client to talk to me and then have a conversation with the provider. Some therapeutic communication techniques that I used was that I sat at a comfortable distance from the client with my body facing them. I made eye contact with the client, and I used active listening when the client was speaking. I used open-ended questions when interviewing the client and I had a nice conversation with the client about just getting to know her and building a connection with her. Overall, I feel like I have gotten more comfortable when talking to the clients. I keep learning new things and that you can observe a lot by just watching. Although I am not that interested in being in mental health, I am interesting on learning more information and having more interactions with clients.

Mental Status Exam

Client Name		Date			
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: "I am feeling really good today."					
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: "No, I don't have anything like that."					
THOUGHTS					
no plan anymore					
Suicidality	<input type="checkbox"/> None	<input checked="" 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: "I did want to die, but now I don't."					
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 <i>The past month</i>	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much <i>pt. takes sleeping pills every night to help her sleep.</i>	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating <i>pt stated, "I have never really had a big appetite."</i>	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 <i>pt stated, "I did, but not anymore."</i>	0	1	2	3

pt is a yoga instructor, so she feels restless since she can't workout in here.

FOR OFFICE CODING 0 + 4 + 4 + 3
=Total Score: 11

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 <input checked="" type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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pt states, "I am a very social person."