

Reflection Assignment

Noticing	Interpreting	Responding	Reflecting
<p>What did you notice during your mental status examination of the client? Were there any assessments that were abnormal or that stood out to you?</p> <p>The client was oversharing and was hyperactive in speech patterns. She was sharing excessive information to the students and other clients regarding routines, facility protocol, and personal information. The client appeared disheveled and of poor hygiene. The client admitted that she would keep a found wallet/money and while that's not the most ethical response, it was unsurprising of a teen. The client was easily distractible by other clients and the environment throughout the interview.</p>	<p>If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain.</p> <p>One thing the stood out during the interview was the client's appearance. Her hair was dirty/greasy and sticking up all over the place, and there was an unpleasant odor. I heard her complaining about the hygiene products at the facility and I attributed her appearance to not using these products. The client's appearance is similar to others on the unit and I interpret this finding as being related to depressive symptoms and a decrease in motivation to accomplish ADLs.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize?</p> <p>Based on my assessment and interpretation, I need information regarding the client's mood, feelings, and habits lately. This information will give insight into a potential depressive episode, and guide my nursing interventions and plan of care. I selected the PHQ9 assessment to follow up with my interpretation and gain more information. I used open-ended questions, allowed pause for response, and restated the client's responses for clarity and accuracy. I also inquired about some coping skills the client was interested in trying.</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction.</p> <p>I learned that depression doesn't always look like obvious outward sadness or flat affect. In the future, I would interview the client in a less distractible environment. This could keep the interview more on task. I think that I did a good job gaining the client's trust throughout the interview, and this enhanced the responses I received. I could benefit from practice performing these interviews without sharing relatable aspects. I initially didn't think I would be screening the client for depression because she appeared so bubbly and outgoing, but I've realized that depression symptoms cannot be ruled out based on visual assumptions.</p>

Noticing	Interpreting	Responding	Reflecting
<p>Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessments that were abnormal or that stood out to you?</p> <p>I chose the PHQ-9 as an additional assessment because the client appeared without obvious distress, but her hygiene was poor and she obviously wasn't performing basic self-care tasks. During this assessment, the client reported considerable impairment related to depressive symptoms, but was positive in affect and making jokes periodically. I was surprised the client was experiencing such an impairment while giving no visible indicators of these distressing feelings.</p>	<p>If something stood out to you or it was abnormal, explain its potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain.</p> <p>I have interacted with other non-clients who used jokes and humor when discussing serious matters, specifically related to mental health. I have interpreted this as a defense mechanism, and a way to make light of a subject that's not always acceptable in social situations, especially because I have responded this way, as well.</p> <p>The difference with this interaction was the client was the one making jokes and I was not laughing with them or making my own jokes as I normally have with friends and family.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse?</p> <p>Based on this information, I need to find out what self-care routines looked like for the client before admission. I would include things that are important to them, and times of day that they perform these routines. As a nursing student, I can help encourage the client to accomplish a shower today, and help them schedule that time. I asked the client how long their hair had been braided and if they could show me a new braid after their morning shower to encourage that task to be accomplished. As a nurse, I can remind the client when showering times are and help them access the necessary products for that shower.</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction.</p> <p>I learned to allow the client to use humor for coping without engaging in it, and while maintaining a professional demeanor. In the future, I might sit down next to the client and ask for elaborations on their responses. I got on the client's level and offered words of encouragement to accomplish her hygiene tasks for the day. I allowed myself to feel the discomfort of not acknowledging the client's jokes about their depressive symptoms. This experience made me more comfortable asking questions that are uncomfortable.</p>

Mental Status Exam

Client Name	Abigail		Date	03/29/2024	
OBSERVATIONS					
Appearance	<input type="checkbox"/> Neat	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal	<input checked="" 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: hyperactive speech					
MOOD					
<input type="checkbox"/> Euthymic	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Depressed	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Irritable
Comments: excited, eager					
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 type="checkbox"/> Normal	<input checked="" 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 type="checkbox"/> None	<input checked="" type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent	<input checked="" 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:					
BEHAVIOR					
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input checked="" 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			JUDGMENT		
<input type="checkbox"/> Good			<input type="checkbox"/> Good		
<input checked="" type="checkbox"/> Fair			<input type="checkbox"/> Fair		
<input type="checkbox"/> Poor			<input checked="" type="checkbox"/> Poor		
Comments:			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)

	Several days	More than half the days	Nearly every day
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- | | | | | |
|---|---|---|---|---|
| 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 + 10 + 9
=Total Score: 20

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 type="checkbox"/> | Somewhat
difficult | <input type="checkbox"/> | Very
difficult | <input checked="" type="checkbox"/> | Extremely
difficult | <input type="checkbox"/> |
|-------------------------|--------------------------|-----------------------|--------------------------|-------------------|-------------------------------------|------------------------|--------------------------|