

Reflection Assignment

1. During my mental examination of my client she seemed well groomed alerted oriented x4. She was sleeping when I arrived. The client speech was clear and coherent. The client stated she was in a good mood, just a little tired. Her thought process was logical and goal directed. The client was about to express her thought with normal content. She was honest when answering the questions.
2. I have worked at this facility before, which made my experience normal for me. Suicidal ideation can be internal thoughts that are invisible on the outside. During the visit I didn't notice anything that was abnormal. Similar situation that I've observed patients who smile and interact appropriately with staff but later disclosed thoughts of self-harming. Suicidal ideation is linked to the neurochemical imbalance which affects mood regulation and impulse control.
3. During my assessment I asked my client several questions about her suicidal ideation, such as if she had a plan or not. My client did tell me that she had a plan and she had tried to go through with her plan. Based on my interpretation, I did feel like I needed to know more about her childhood and her home environment. As a nursing student I did do some observing and I read her chart in more depth. Some techniques that I used was asked direct but compassionate questions about her suicidal thoughts, I also used active listening and reflective statements.
4. One thing I learned from this assessment is that even though a client has suicidal thought, sometimes they may not always be present with signs of distress during the examination. Relying on outward appearance or behavior is not something that should be down when doing the examination. Something that I feel I did well use therapeutic communication techniques such as open-ended questions, active listening which seemed to help the client feel comfortable in sharing. This interaction helps me reflect on my own values and feelings. realized that I felt more comfortable asking about suicidal thoughts than I expected, and my respect for the importance of direct, nonjudgmental communication has grown.
5. I chose my second assessment Suicide Risk Screening tool because my client was here for suicidal thoughts. I noticed that my client was willing to share and answer the questions with no problems. The client did answer yes to all the questions which was a concerned to me.

6. My patient was willing to tell me her story. She felt like she doesn't need to be here as in living. She told me that she stays with her roommate, but her roommate is always gone. That was very concerning to me especially with her high risk of suicide with an actual plan.

7. Based upon the information that was given, I do feel like I was given enough time with her. My patient was an open book. As a nursing student I can do 15 mins check with her just to see where her mental is at. I did make sure I did check in with her. As a nurse I do feel I can prescribe her meds to help her with her thoughts.

8. One thing I learned is that people can have suicidal thoughts just because. It doesn't have to be a reason, just feeling hopeless is a cause for them.