

## Reflection Assignment

Noticing	Interpreting	Responding	Reflecting
What happened during your experience?	If something unusual, explain it's potential	<p><b>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student?</b></p> <p><b>What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize?</b></p>	What is something that you learned?

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<b>Noticing</b>	<b>Interpreting</b>	<b>Responding</b>	<b>Reflecting</b>
<b>Why did you choose this additional</b>	<b>If something stood out to you or it was abnormal, explain</b>	<b>What additional assessment information does</b>	<b>What something you have learned? What is something</b>

<p><b>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?</b></p>	<p><b>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.</b></p>	<p><b>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?</b></p>	<p><b>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.</b></p>
<p>I chose to conduct an additional assessment focused on suicidal ideation because the client expressed thoughts</p>	<p>The client's suicidal ideation appears to be strongly related to her trauma history, PTSD, and impulsive</p>	<p>As a nursing student, I prioritized ensuring the client's safety and immediately communicated my</p>	<p>From this assessment, I learned how important it is to take every statement about suicidal thoughts seriously, especially</p>

<p>and a plan to jump out of a moving vehicle. During the assessment, I noticed the client appeared anxious, restless, and easily distracted. She avoided eye contact and spoke softly when discussing her suicidal thoughts. The client admitted to feeling unsafe at times and shared a history of self-harm, such as cutting and banging her head. Her mother confirmed that she had been at</p>	<p>tendencies associated with ADHD. Her feelings of fear, anxiety, and hypervigilance likely result from past sexual abuse and continued worry about her safety. The hallucinations and self-harming behaviors may reflect flashbacks and intrusive thoughts linked to trauma. Pathologically, early childhood trauma can cause long-term dysregulation of the amygdala and prefrontal cortex, impairing emotional control and judgment. The combination of hyperarousal, poor</p>	<p>findings to the nurse and treatment team. I used therapeutic communication techniques such as active listening, maintaining a calm and empathetic tone, and validating her emotions by saying things like, "You've been through a lot, and it sounds really scary." I avoided giving false reassurance and instead focused on safety and support. If I were the nurse, I would ensure 1:1 observation, remove potential harmful items, and</p>	<p>in children who have experienced trauma. I realized that empathy, patience, and calm communication are key to helping young clients feel heard and safe. In the future, I would approach similar situations by spending more time building trust before discussing sensitive topics. I believe I handled the situation well by maintaining professionalism, showing compassion, and promptly reporting my concerns. This experience deepened my understanding of</p>
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<p>Lincoln Prairie for three weeks but did not find it helpful. The client also reported seeing people outside her window who were not there and hearing voices, which raised concern for hallucinations. Her high anxiety level (16/10), trauma history, and ongoing fear of her abuser returning stood out as major risk factors.</p>	<p>impulse control, and high anxiety creates a dangerous pattern where suicidal or self-destructive behavior can occur impulsively without full awareness of consequences.</p>	<p>collaborate with the interdisciplinary team to implement a safety plan. I would also advocate for trauma-focused therapy and a psychiatric evaluation to reassess medications, especially to address sleep and anxiety concerns.</p>	<p>the connection between trauma and suicidal ideation and reminded me of the critical role nurses play in early intervention and prevention. I want to continue developing my knowledge in pediatric mental health, crisis intervention, and trauma-informed care so that I can better support vulnerable clients in the future.</p>
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