

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>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>What additional 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>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>During the mental status examination, the client was alert and oriented x3 (to person, place, and time). She appeared her stated age and was dressed appropriately. Her affect was flat, and she demonstrated poor eye contact, looking down or away during much of the interaction. Her speech was coherent but sometimes pressured when describing</p>	<p>The abnormal findings likely relate to the client's trauma history, PTSD, ADHD, and obsessive-compulsive disorder. Her impulsivity and poor decision-making reflect impaired judgment and decreased impulse control, which are common in children with trauma and neurodevelopmental disorders. The hallucinations and suicidal ideation may be triggered by anxiety, hypervigilance, and unresolved trauma. Patho physiologically, prolonged stress and trauma can cause dysregulation in the</p>	<p>As a nursing student, I prioritized the client's safety and used therapeutic communication techniques such as active listening, maintaining a calm demeanor, and validating her feelings by saying, "It sounds like you've been feeling very scared and overwhelmed." I reported all findings, including suicidal ideation and hallucinations, to the nurse and mental health team immediately for further evaluation and safety planning. If I</p>	<p>This experience taught me the importance of conducting a thorough mental status assessment, especially when a child presents with trauma, hallucinations, and suicidal ideation. I learned how to use calm, nonjudgmental communication to build trust and gather accurate information. In future assessments, I would ensure more focused safety screening and consider environmental</p>
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<p>stressful events. The client showed restlessness and fidgeting, consistent with anxiety. She reported seeing people outside her window that were not there and admitted to hearing things others could not hear, which indicated possible auditory and visual hallucinations. Additionally, she expressed suicidal thoughts with a plan to jump out of a moving</p>	<p>amygdala, hippocampus, and prefrontal cortex, which affects emotional regulation and impulse control. Her disrupted sleep pattern, high anxiety level (16/10), and daily depression score (5/10) further indicate poor coping and mental instability.</p>	<p>were the nurse, I would implement 1:1 observation, remove harmful objects, ensure a safe environment, and collaborate with the psychiatric provider and social worker. I would also advocate for medication review, including restarting melatonin if appropriate, and support trauma-focused therapy.</p>	<p>triggers that may worsen hallucinations or anxiety. I felt empathy and concern for the client, realizing how childhood trauma can deeply affect mental and emotional development. This experience strengthened my commitment to learning more about pediatric mental health, crisis intervention, and trauma-informed care to better support clients in similar situations.</p>
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vehicle. These findings stood out as abnormal and indicated severe emotional distress and risk of harm to herself.			
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Noticing	Interpreting	Responding	Reflecting
Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessments that were	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	What additional assessment information does 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 something you have 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

<p>abnormal or that stood out to you?</p>	<p>differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so - briefly explain.</p>		<p>help you with future situations like this. Describe any changes in your values or feelings based on this interaction.</p>
<p>I chose to conduct an additional assessment focused on suicidal ideation because the client expressed thoughts 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</p>	<p>The client's suicidal ideation appears to be strongly related to her trauma history, PTSD, and impulsive 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-</p>	<p>As a nursing student, I prioritized ensuring the client's safety and immediately communicated my 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</p>	<p>From this assessment, I learned how important it is to take every statement about suicidal thoughts seriously, especially 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</p>

<p>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 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,</p>	<p>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 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>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 collaborate with the interdisciplinary team to implement a safety plan. I would also advocate for trauma-focused therapy and a psychiatric evaluation to</p>	<p>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 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</p>
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<p>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>reassess medications, especially to address sleep and anxiety concerns.</p>	<p>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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