

Progress Report Overview

Student: Susan Privoznik

Activity: Student Portfolio

Start Time: 10/08/2021 15:16:37

End Time: 10/17/2021 13:16:34

Total Time: 01:29:00

Actions

Note at 10/17/2021 13:16:30

Student Portfolio Documentation

go

Student: Susan Privoznik
Activity Start: 10/08/2021 15:16:37
Activity Completion: 10/17/2021 13:16:34
Activity Completion: 01:29:00

Patient Data



Patient: Student Portfolio
Age/Sex: 31 yo F
Location: General Hospital

DOB: 03/01/1990
MR#: MR20045
Admit Date: 10/08/2021

Notes

Note at 10/08/2021 15:16:48

Mental Health Assessment

Basic Information

Date:

10/08/2021 15:16:48

Author:

Susan Privoznik

Location:

City Center Urgent Care

Demographics

Age:

18

Gender:

Female

Marital status:

Single

Employment status:

Student

Occupation:

High school student(senior), also works at a Boy's and Girl's Club as a group leader.

Clinical History

Presenting chief complaint:

"I thought about wreck my car"

History of current illness:

The patient is an 18 y.o., single, Native American, female with a psychiatric history of MDD, SAD, PTSD, Bipolar, GAD and SI transferred from home and admitted on a voluntary basis at XX Behavioral Health Adult Inpatient Unit with c/c of suicidal ideation with plans. The pt has a legal guardian (name of her cousin) because she is attending high school currently (12th grade).

The patient reports the onset of her SI as two months and it has gotten more intense over the last few days. Her plan was to wreck her car. She has a history of suicide attempts by overdose two times (2020, 2016).

She reports current stressors as relationship problems with her boyfriend and school work. She reports feeling overwhelmed with school work because she has taken on several familial responsibilities, such as, cares for her nieces and nephews and also she takes one of her nieces to school in the morning which makes her late for school. She states her grades are not good, C's and D's. She states that her teachers are aware and have been helping her.

She reports her boyfriend has been very clingy and manipulative of her. She said recently they had a fight in the car and she told him that she wanted to break up and he jumped out of the moving car in the middle of the highway. She said that she does not want to be with him anymore. States she carries a lot of guilt and tends to blame herself for everything. States she also feels guilty that she feels sad at times because she lives at her cousin's home (her adoptive family) and this may make her cousin think that she is not happy living at their house. She reports that whenever she feels guilty or sad she will frequently cut on herself to relieve stress. Reports her last self-harm behavior with cutting was about two weeks ago. The patient and her siblings were raised in foster care since her mother died (by drug overdose) when she was 8 years old. She and her sisters were adopted by her mother's cousin until 1.5 years ago due to abuse by her mother's cousin. She has been living with current foster home over the last year and a half. She likes her current home and feels loved and supported.

over the past two months, the patient has been having feelings of helplessness, hopelessness and worthlessness; feelings of excessive worrying and guilt. The patient reports poor appetite, decreased energy and loss of interest and pleasure in doing things. The patient reports decreased basic function level. The patient reports Increased suicidal thoughts, irritability, anxiety, inattention, isolation and withdrawn. The patient also reports having difficulty with falling/staying asleep and having issues with memory. She rates anxiety as 8/10 and depression as 8/10.

Reports anxiety and worrying about "everything." Reports having panic attacks every now and then with symptoms of shortness of breath, Palpitations, Chest pain and Feelings of doom. She reports that she does not do like social settings and tends to stay home. States she is afraid of giving a speech.

Reports hx of mania Symptoms with less needing to sleep but increased energy and goal-directed activities, pressured speech, racing thoughts, poor judgment. States she has had no sleep or little sleep for up to 4 days.

Reports hx emotional, sexual abuse at the previous foster home. Reports having frequent nightmares, flashbacks and hypervigilance related to past trauma.

Discussed treatment plan with the patient and called her legal guardian for informed consent. Her guardian gave consent for medications changes.

The patient denies any symptoms of psychosis, OCD, eating disorder, somatic symptom disorder, intellectual disabilities, autistic spectrum disorder. The patient denies any homicidal ideation, auditory, visual or tactile hallucinations, delusions.

Past psychiatric history:

1. Previous psychiatric hospitalization: one time from 2/25/20 to 2/28/20.
 2. Reason for previous psychiatric hospitalizations: suicidal ideation
 3. Current outpatient psychiatric services: Has medication management services.
 4. Current therapy, case management: In therapy
 5. History of violence: no
 6. Compliance with medications and psychiatric services: no. patient report she sometimes forgets to take Latuda (due she has to take it with food).
-

History of suicidal acts and self-harm:

Previous suicidal attempts: Hx suicide attempt by overdose x2 (2020 and 2016).
Intentional cutting; cutting on herself (arms) with no visible scars. The last time she cut was two weeks ago.

History of violence/ Assaulting others/ Legal problems:

History of violence: no
Legal History: no

Substance use history:

none

Mental illness and substance abuse in family members:

Family Psychiatric History:
1. Psychiatric illness: Her three sisters have anxiety and depression. Her mom: bipolar disorder. Her dad: Depression and suicidal ideations
2. Illicit drug or alcohol use: both bio parents. Oldest sister has drug use and has been in and out of prison.
3. Suicidal attempt: Her mother died from a drug overdose in 2012.

Psychosocial History

Childhood/ Developmental history:

She used to live in Topeka with her adoptive parents (mother's cousin). Her parents were together intermittently. She lived with her mother but was in and out of the home due to parental drug usage. Her mother died when she was 8 years old from a drug overdose (accidental). She then went into custody with many placements prior to coming to Aunt's home. father is in prison now.

Adult relationship history:

she has a boyfriend prior to admission.
she has a good relationship with her current foster family.

Current significant family and/or peer group relationships:

She enjoys taking care of her nieces and nephews at her current foster home.

Financial status, housing, employment, leisure time issues:

She is a high school student.

Religious/ Spiritual or cultural issues that might influence treatment:

none

Relevant community resources accessed by patient:

She is under state custody since she was 8 years old.
She is getting mental health care from a community mental health center.
She has Medicaid coverage

Medical Information

Current medical problems:

☒ None

Current significant pain problems:

None

Nutrition assessment:

no concerns

Current medications:

Prozac 20 mg
Latuda 20 mg PO daily with meals 9reports has not consistently been taking with food)
Trazodone 50 mg po hs

Current nicotine and caffeine use:

none

Allergies and adverse drug reactions:

NKA

Review of Systems (ROS)

Constitutional:

negative for fever, weakness, fatigue and recent weight change

HEENT:

negative for soreness, hoarseness. Negative for earache, irritation, discharge and swelling.

Skin:

negative for rashes and dryness

Cardiovascular:

Negative for chest pain, palpitations, chest tightness and high blood pressure

Respiratory:

negative for SOB and cough

Gastrointestinal:

negative for nausea, vomiting, diarrhea, stomach ache and change in bowel habits

Genitourinary:

negative for UTI symptoms

Neurological:

history of migraine headaches

Musculoskeletal:

negative for muscle aches, stiffness or backaches

Hematologic:

negative for easy bruising

Lymphatics:

no concerns

Psychiatric:

see HPI

Endocrinologic:

negative for heat/cold intolerance, increased sweating, thirst, urination or hunger

Mental Status Exam

Orientation and consciousness:

- ☒ Alert and attentive
- ☒ Oriented x3

Appearance and behavior:

- ☒ Cooperative and reasonable
- ☒ Grooming appropriate

Speech:

- ☒ Normal rate/Rhythm

Language:

- ☒ Intact

Mood and affect:

- ☒ Mood anxious
- ☒ Mood depressed

Perceptual disturbance (hallucinations, illusions):

- ☒ None

Thought process and association:

- ☒ Normal, coherent

Thought content (delusions, obsessions etc.):

- ☒ No unusual thought content

no unusual thought content

Suicidal or violent ideation:

☒ Suicidal ideation active with plan, contracts for safety

Insight:

Good

Judgment:

Impulsive

Memory:

Intact

Fund of Knowledge:

Average

Mental status comments:

Mental Status Evaluation:

Appearance: age appropriate and casually dressed

Behavior: articulate, able to perform ADL's , cooperative and restless and fidgety

Mood: anxious and depressed

Affect: mood-congruent

Speech: fluent rational

Thought Process: content of thought is appropriate to the topic

Thought Content: no psychosis

Sensorium: oriented x3

Cognition: grossly intact

Memory: Able to relate recent and remote events accurately and demonstrates adequate immediate recall.

Impulse Control: Poor impulse control

Insight: Limited

Judgment: Limited

Suicidal Ideation: Present with several plans --to walk into traffic, OD, cut, or crash car

Homicidal Ideation: Denies

Self-Injurious Urges: cut 2 weeks ago. None now

Mini Mental State Exam

Score questions (choose a number 0-5 for each statement)

What is: year, season, date, day, month. Give 1 point for each correct answer. (5 points)

5

What is: state, county, city, hospital, floor. Give 1 point for each correct answer. (5 points)

5

Name 3 objects: 1 second to say each, then ask patient all 3 objects after you have said them. Give 1 point for each correct answer. (3 points)

3

Serial 7's (counting down from one hundred by sevens) or spell "world" backwards. Stop after 5 answers. Give 1 point for each correct answer. (5 points)

5

Ask for the 3 objects repeated in question 3. Give 1 point for each correct answer. (3 points)

3

Name a pencil and a watch. Give 1 point for each correct answer. (2 points)

2

Repeat "No ifs, ands or buts". Give 1 point for the correct answer. (1 point)

1

Follow 3 stage command: "Take this piece of paper in your right hand, fold it in half, and put it on the floor". Give 1 point for each correct step that was followed. (3 points)

3

Read and obey written command, "Close your eyes". Give 1 point for the correct answer. (1 point)

1

Write a sentence. Give 1 point for the correct answer. (1 point)

1

Copy intersecting pentagons. Give 1 point for the correct answer. (1 point)

1

Total Score (max=30):

30

Assessment of Danger to Self

☒ No significant risk

Suicide risk checklist:

☒ Suicide ideation

☒ Suicide plan

☒ History of previous attempts or gestures

☒ Sense of hopelessness

Protective factors:

☒ Evidence of accessible and positively motivated social supports

☒ Therapeutic alliance with a mental health professional

☒ Future-oriented plans and commitments

Assessment of suicide risk:

moderate suicide risk, she has suicide with a plan, she has a hx of suicide attempt x2. She has a history of trauma.

Assessment of Danger to Others

☒ No significant risk

Assessment of homicide risk:

no

Summary of findings:

she has hx of depression, GAD, SAD and PTSD, which are congruent with self-reported symptoms.
she also met the DSM 5 criteria for Bipolar II disorder
She desires to get better

DSM 5 Diagnosis

Diagnosis:

Bipolar II Disorder, Current of Most recent episode depressed, GAD, Social anxiety disorder, PTSD, Insomnia, Relationship problems

Diagnosis code:

F31.81, F41.1, F40.10, F43.10, F51.05, F99, R45.851, Z63.9

Categorize disorder:

- ☒ Bipolar and related disorder
- ☒ Depressive disorder
- ☒ Anxiety disorder
- ☒ Trauma-and stressor-related disorder
- ☒ Sleep-wake disorder

Psychosocial and environmental factors:

unknown current family social status. She has a legal guardian until she graduates from high school. She reports current family are supportive of her and she plans to work full time after graduating from high school.

Contextual factors:

She has a history of extensive trauma since she was very young. both of her parents were using drugs, unknown if there were any utero exposure to drugs or alcohol. She was abused in several foster homes until she moved in with current foster home (her cousin) for the last one and half years.

Disability:

none

Other comments:

Patient's strengths and assets: The patient is calm, cooperative, complaint with treatments, willing to get treatments. The patient desires to be well.

Conclusion

Assessment/ Summary:

Treatment Goals:

Anxiety: acquiring relapse prevention skills, eliminating all anxiety symptoms, reducing negative automatic thoughts, reducing physical symptoms of anxiety and reducing time spent worrying (<30 minutes/day)

Depression: acquiring relapse prevention skills, increasing energy, increasing interest in usual activities, increasing motivation, reducing excessive guilt, reducing fatigue and reducing negative automatic thoughts

Absence of suicidal or homicidal thoughts

Self report of improved sense of well being

Self report of having restorative sleep at night and having an optimistic plan for the future

Prognosis: Fair

Treatment Plan:

Treatment Plan/Recommendations:

Admit for safety and crisis stabilization
Placed on SW/CO with frequent rounds
Multidisciplinary treatment planning

Bio: 1. Medication Changes (1 with w/u/2/4): Discussed with the patient in detail about the above diagnostic impression. The patient has been admitted with severe exacerbation of suicidal ideation, anxiety and depression, with increased mood issues and thoughts of suicide with plan. There is a recent change of mood, safety status required an ED visit and inpatient psychiatric admission.

Discussed with the patient in detail about the options with antidepressants, SSRI's, mood stabilizers and anxiolytics. Reviewed with the patient the potential benefits and risks of dose adjustment of the medications. The patient agreed to

Bipolar II

==Stop Latuda as she has not consistently been taking with food

==Will start Abilify 2 mg daily and titrate as tolerated. Have Discussed with legal guardian Chelsey Orhmann.

PTSD/GAD/Social Anxiety

==Increase Prozac to 30 mg daily. Previously on 20 mg and had not been on higher dose

Insomnia

==c/w Trazodone 50 mg qhs for sleep

Relationship Issues

==recommend follow-up in outpatient treatment for therapy

3. Discussed with the patient risks, benefits of the medications and therapy, alternative treatment options. Discussed off label use(s) where indicated. Discussed risks of polypharmacy, non-compliance. Patient verbalized understand, agreed with the plan and consented for treatment.

4. Routine follow-up with primary care physician. Encouraged to do routine physical exercise, healthy diet.

5. Patient education provided. Treatment plan reviewed with the patient and the patient consented.

6. Reviewed safety plan and behavioral interventions.

7. Discussed ways to improve coping skills, stress management and relaxation techniques.

8. Also discussed black box warnings, potential risks of metabolic syndrome, EPS, TD and dystonia, possible risks of psychotropic with pregnancy and substance use: risk of alcohol use, risk of street drug use with the patient.

Psych: Supportive Milieu

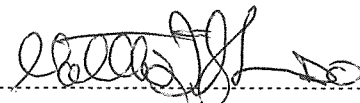
Psycho-education provided. Behavioral therapy, individual, group, milieu therapies and family therapy recommended.

Medication managements, safety plan development, support system identification, after care planning.

Encouraged to participate in group and unit activities. Addressed cognitive, behavioral interventions for depression, anxiety, process of building self-esteem and positive support system. We will work on the process of developing suicide safety plan.

Social: Liaison with family, support system, employment and outpatient treators

Treatment options, alternative, black box warning(s), and off label use(s) were reviewed with the patient where indicated and patient concurred with the above plan.


10/17/21

1) Assessment

a) *List a minimum of eight differential diagnoses from the chief complaint.*

Bipolar II Disorder

Major Depressive Disorder

Generalized Anxiety Disorder

Social Anxiety Disorder

PTSD

ADHD

Schizophrenia

Schizoaffective Disorder

b) *What would you have done differently to aid in diagnostics? e.g. additional lines of inquiry, collateral information, etc.*

Although her lab did not indicate that she was pregnant, I would first determine whether she plans to get pregnant. If she did not intend to get pregnant anytime soon, I would provide her with education and information about safe sex and birth control methods.

c) *Do you agree with the current diagnosis? Why or why not? Are there any additional diagnoses that should be included?*

I agree with the current diagnosis because her symptoms meet DSM 5 criteria (APA, 2013). I would not add any additional diagnosis

F99 Bipolar II Disorder, Current episode depressed

F31.81 Major Depressive Disorder

F40.10 Social anxiety disorder

F41.1 Generalized Anxiety

disorder

F43.10 PTSD

R45.851 Suicide ideation

F51.05 Insomnia

Z63.9 Relational Problems

Z62.810 Personal history of sexual abuse in

childhood Z72.82 Problem related to sleep.

2) Treatment

a) Identify 2 (at minimum) professional guidelines/practice parameters for your patient's diagnosis.

Social Anxiety Disorder Full Guideline. (2020). Published by the British Psychological Society and The Royal College of Psychiatrists 293.

VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. (2017). 200.

Yatham, L. N., Kennedy, S. H., Parikh, S. V., Schaffer, A., Bond, D. J., Frey, B. N., Sharma, V., Goldstein, B. I., Rej, S., Beaulieu, S., Alda, M., MacQueen, G., Milev, R. V., Ravindran, A., O'Donovan, C., McIntosh, D., Lam, R. W., Vazquez, G., Kapczinski, F., ... Berk, M.

(2018). Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. *Bipolar Disorders*, 20(2), 97–170.
<https://doi.org/10.1111/bdi.12609>

VA/DoD Management of Major Depressive Disorder Working Group. (2016). *VA/DoD clinical practice guidelines for the management of the major depressive disorder. (Version 3.0)*. Veterans Health Administration and Department of Defense. Retrieved from <https://www.healthquality.va.gov/guidelines/mh/mdd/index.asp>

b) Identify 2 (at minimum) recent peer-reviewed articles that are relevant to this patient's care.

Insomnia—Symptoms and causes. (n.d.). Mayo Clinic. Retrieved October 25, 2021, from <https://www.mayoclinic.org/diseases-conditions/insomnia/symptoms-causes/syc-20355167>
Mental and Behavioral Health—American Indians/Alaska Natives—The Office of Minority Health. (n.d.). Retrieved October 25, 2021, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39>

c) How would you proceed specifically with the treatment of this patient using these resources? In-text citations are expected.

The patient was diagnosed with Bipolar II disorder with current depressive symptoms. She also had suicide ideation which led to hospitalization. In 2019, suicide was the second leading cause of death of American Natives between ages 10 and 34 (HHS, 2020). The primary goal was safety as she was admitted to this inpatient hospital and developed a safety plan before discharge. The second goal was to stabilize mood and treat current depressive symptoms with a mood stabilizer or atypical antipsychotics (Yatham et al., 2018). She took Latuda before admission but stated she did not take it all the time because she had to take the medication with at least 350 calories. She agrees to change to Abilify, for it has been shown effective for

controlling both manic and depression. Abilify is one of the first-line medications for Bipolar I disorder, but there were limited research studies for Bipolar II except for Seroquel (Yatham et al., 2018). Seroquel was listed as the first-line medication for Bipolar II disorder. However, it has a higher potential for weight gain in comparison with Abilify. Prozac is one FDA-approved SSRI for SAD, GAD, and MDD (VA/DoD, 2016, Social Anxiety Disorder Full Guideline 2020).

Psychotherapies are the first-line treatment for a person who has PTSD, such as Prolonged Exposure Therapy, CBT and EMDR (VA/DoD, 2017). CBT is also recommended as a first-line for mild to moderate depression by itself and in combination with an antidepressant for moderate to severe depression (VA/DoD, 2016). Relational problems can also be addressed by therapy.

She will continue taking trazodone as needed for insomnia as she tolerated it well. She was provided with education for sleep hygiene, such as keeping a consistent bedtime and wake time, staying active during the day, avoiding caffeine/alcohol/nicotine, and creating a relaxing bedtime ritual (Mayo Clinic, 2016).

Reference

- Insomnia—Symptoms and causes.* (n.d.). Mayo Clinic. Retrieved October 25, 2021, from <https://www.mayoclinic.org/diseases-conditions/insomnia/symptoms-causes/syc-20355167>
- Mental and Behavioral Health—American Indians/Alaska Natives—The Office of Minority Health.* (2020). Retrieved October 25, 2021, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39>
- Social Anxiety Disorder Full Guideline.* (n.d.). 293.
- VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder.* (2017). 200.
- VA/DoD Management of Major Depressive Disorder Working Group. (2016). VA/DoD clinical practice guidelines for the management of major depressive disorder. (Version 3.0). Veterans Health Administration and Department of Defense. Retrieved from <https://www.healthquality.va.gov/guidelines/mh/mdd/index.asp>*
- Yatham, L. N., Kennedy, S. H., Parikh, S. V., Schaffer, A., Bond, D. J., Frey, B. N., Sharma, V., Goldstein, B. I., Rej, S., Beaulieu, S., Alda, M., MacQueen, G., Milev, R. V., Ravindran, A., O'Donovan, C., McIntosh, D., Lam, R. W., Vazquez, G., Kapczinski, F., ... Berk, M. (2018). Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. *Bipolar Disorders*, 20(2), 97–170. <https://doi.org/10.1111/bdi.12609>