

**Week 7: Complex Case Study**

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**PRAC 6675: PMHNP Care Across the Lifespan I**

**Dr Fletcher**

**Due:07/12/2023**

**Subjective:**

**CC (chief complaint):** "I feel so depressed."

**HPI:** M. B is a 17-year-old black female presenting for an initial evaluation. She was admitted to an inpatient behavioral health facility for one week, after attempting overdose on Tylenol pills. She denies any other past suicide attempts. She was discharged from the inpatient facility 3 days ago. She reports that there were several stressful events that led up to her attempted overdose. She reports "My uncle died in February, my mom almost got evicted, and my boyfriend and I were having problems". M.B reports currently living with her mother. She currently endorses the following symptoms: low mood, poor motivation, anhedonia, low self-esteem, fatigue, poor appetite, and poor sleep. She reports only sleeping 5-6 hours at night. She states that her lack of sleep is affecting her social, and occupational functioning. She reports difficulty both falling and staying asleep. M.B reports a history of sexual abuse by a family member during early childhood. She reports sometimes experiencing flashbacks and distressing memories. She reports seeing a therapist weekly, and that she is working through childhood trauma. She denies any history of hyperactivity, mania, hypervocal speech, sudden surges in energy, psychosis, paranoia, delusions, or hallucinations. She denies any suicidal, homicidal or thoughts of self-harm. She denies any non-suicidal self-injurious behavior. She reports a history of taking Zoloft 25mg last year, but she states, "I stopped taking it, because at the time I did not want to take medications". She reports taking Fluoxetine 10mg once a day since she was prescribed it in the hospital. She denies any medication side effects and reports medication adherence. She is open to medication management and motivated for treatment. Her mother consented for medication management.

**Substance Current Use:** She denies drinking any alcohol. She reports smoking weed almost daily. She denies any other drug use.

**Past Psychiatric history:** diagnosis of major depressive disorder.

**Psychiatric hospitalizations:** One inpatient admission 2 weeks ago.

**Psychiatric medication trials:** History of being prescribe Zoloft 25mg last year, but she was non adherent to treatment.

**Current psychiatric medications:** Fluoxetine 10mg.

**Medical History:** Denies any medical history.

**Allergies:** No known food, drug, or environmental allergies

**Reproductive Hx:** She reports having a regular menstrual cycle. She denies being on birth control. She denies any history of STD's. She denies any pregnancies.

**Family Psychiatric/Substance abuse history:** She denies any family history of mental illness or substance abuse.

**ROS:**

**GENERAL:** Patient appears underweight. She reports an unintentional 15-pound weight loss over 6 months. She appears stated age. She appears neat and is casually dressed for evaluation.

- **HEENT:** Head appears normocephalic. Patient wears glasses. She does not use hearing aids. No changes in smell reported. No nasal congestion, dysphagia or coughing reported.
- **SKIN:** Patient has acne.

- **CARDIOVASCULAR:** No heart palpitations or chest pain reported. No history of heart conditions.
- **RESPIRATORY:** No difficulty breathing, no history of asthma.
- **GASTROINTESTINAL:** She complains of appetite decrease. Denies any constipation or diarrhea.
- **GENITOURINARY:** No dysuria or nocturia reported
- **NEUROLOGICAL:** Denies headaches, seizures, or syncope.
- **MUSCULOSKELETAL:** Reports myalgia and fatigue.
- **HEMATOLOGIC:** No hematologic conditions, or usual bruising or bleeding reported.
- **LYMPHATICS:** No report enlarged lymph nodes or lymphatic conditions.
- **ENDOCRINOLOGIC:** No history of diabetes or endocrinologic conditions reported.

**Objective:**

**Diagnostic results:**

PHQ-9: scored 20/27

Beck depression inventory: scored 30/38

PTSD Checklist for *DSM-5* (PCL-5): scored 55/80

**Assessment:**

**Mental Status Examination:**

Patient sits upright in assessment chair. Patient is alert and oriented to self, place, time and situation. She is cooperative and forthcoming during assessment. She maintains appropriate eye contact during assessment. Overall mood is described as "depressed". Affect appears sad and anxious. She is soft spoken. Speech is clear with normal rate, rhythm, and volume. Her thought process is goal-directed and organized. Thought content is logical and coherent without delusions or paranoia. Judgement and insight are intact. Both long term and short-term memory

is intact. She denies suicidal or homicidal ideation currently. She denies the presence of auditory or visual hallucinations. No disorganized behavior observed. No abnormal motor activity observed. Patient does not appear to be responding to internal stimuli currently.

### **Diagnostic Impression:**

**Post-traumatic stress disorder:** According to the DSM-5-TR, this condition is marked by the presence of at least one of the following intrusion symptoms: recurrent distressing memories or dreams, flashbacks, prolonged psychological distress, physiological reactions in response to triggers, avoidance of stimuli associated with the trauma, and negative changes in mood. These symptoms must be for at least one month (American Psychiatric Association, 2022). Out of the cluster of these symptoms, M.B primarily exhibits distressing memories and flashbacks, she has negative changes to her mood, and she exhibits avoidant behavior. Because M.B directly experienced sexual assault, her case is considered criterion type A1 (APA, 2022). M.B describes experiencing intrusive, vivid memories of being sexually assaulted by a family member during childhood. She reports trying to avoid intrusive traumatic thoughts and memories by smoking weed almost daily and withdrawing to herself. She also reports low mood and anhedonia. These are all symptoms of PTSD. At this time and based on her symptoms, I believe this condition is her primary diagnosis.

**Major Depressive disorder recurrent severe without psychotic features:** According to the DSM-5-TR, this condition is marked by the following symptoms: depressed mood, anhedonia, weight changes, sleep changes, fatigue, feelings of worthlessness, poor concentration, and thoughts of death (APA, 2022). To diagnose this condition, 5 of these symptoms must be present most days for at least 2 weeks. M.B exhibits most of these symptoms. Additionally, her

depressive symptoms have impaired her social and occupational functioning. She reported that she could not focus on school and had no interest spending time with her friends. Based on this patient's history and reported symptoms, I believe this is an appropriate diagnosis for her, but I do not believe it is her primary diagnosis.

**Persistent depressive disorder:** According to the DSM-5-TR, this condition is marked by the following symptoms: depressed mood, appetite changes, sleep changes, energy changes, low self-esteem, poor concentration, and hopelessness. These symptoms must be present most days for at least 2 years (APA, 2022). These symptoms are like major depressive disorder. However, because M.B has not exhibited these symptoms for two years, she would not meet the criteria for this condition.

#### **Case Formulation and Treatment Plan:**

Based on M.B evaluation, I believe posttraumatic stress disorder is the most appropriate diagnosis. M.B currently reports seeing a therapist to process her history of sexual trauma. However, if she was not currently in therapy, I would specifically recommend that she explore a type of therapy known as cognitive processing therapy (CPT) (Asmundson et al., 2018). CPT is a type of cognitive behavioral therapy, to help manage her symptoms of PTSD. I would recommend that she have 12 individualized sessions of CPT with her therapist. The sessions should be weekly, and 60-90 minutes long (Martin et al., 2021) It can be difficult to process trauma, so non trauma focused sessions may be needed initial to build trust before disclosing details about the trauma (Asmundson et al., 2018). This type of therapy can help M.B challenge and change unhelpful beliefs related to the trauma. CPT can help M.B conceptualization her traumatic history and reduces its ongoing negative effects on her life (Asmundson et al., 2018).

For the treatment of PTSD, fluoxetine is an appropriate medication. M.B has been taking fluoxetine 10mg for two weeks. Because it can take up to 6 weeks for this medication to reach therapeutic effects, I would not make any dosage changes at this time (Epocrates, 2019). Additionally, I would avoid making any abrupt changes to her medication regime, because fluoxetine is the SSRI with the longest half-life, it can stay in the body for up to 4 days. If she had to switch to another antidepressant, M.B would have to stop fluoxetine up to 7 days before starting another SSRI due to the risk of serotonin syndrome (Epocrates, 2019). During this evaluation M.D denied any medication side effects and she reported treatment adherence. She was educated to follow up in one month. If her symptoms do not improve in 4 weeks, her fluoxetine could be titrated by 10mg every 1-2 weeks. Fluoxetine has a max dose of 80mg a day, so her current dose of 20mg daily has room for titration (Epocrates, 2019).

Research reveals that medication adherence is less than 50% among adolescents (Kimball, H., De Nadai, A., PhD, & Steingard, R. J., MD., 2023). It is important to educate M.B about why she is being prescribed her medication. In the past she reports that she was non-compliant with Zoloft because she “did not want to take it”. She states that her mother pleaded with her to take it and she felt forced. During this evaluation, M.B is motivated for treatment and reported adherence. As a provider it is important to work with adolescents to understand their goals, and motivations or barriers to compliance. A health promotion activity that was recommended for M.B was physical exercise. She was encouraged to get 30 minutes of physical exercise 3-4 days a week. Research reveals that women diagnosed with PTSD are less likely to participate in exercise (Pebole, 2019). Exercise can improve M. B’s sleep and improve her mood. M.B is already in psychotherapy, so she her social determinant of health is better compared with those who cannot afford counselling. Additionally, M.B currently lives in a safe environment

with her mother, has insurance and lives with economic stability. All of these are protective factors for M.B. On the other hand, M.B regularly smokes weed, has a history of abuse, and she has not graduated high school. These are risk factors for M.B, and place her at a higher risk for the development of mental health issues. If I could conduct this session again, I would try to gather additional collateral information from her mother. Such as what M.B was like drinking childhood, and if she met all her developmental milestones. It would also be beneficial to get a release of information for her therapist, to assess how M.B is coping with her trauma and to her therapists information available incase M.B's conditions worsens and she requires inpatient hospitalization.

### **Three discussion prompts?**

**Do you agree with this diagnosis if so why or why not?**

**What would you do differently with this patient?**

**What health promotion activities would you educate this patient about?**

## References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Asmundson, G. J., Thorisdottir, A. S., Roden-Foreman, J. W., Baird, S. O., Witcraft, S. M., Stein, A. T., Smits, J. a. J., & Powers, M. B. (2018). A meta-analytic review of cognitive processing therapy for adults with posttraumatic stress disorder. *Cognitive Behaviour Therapy, 48*(1), 1–14. <https://doi.org/10.1080/16506073.2018.1522371>
- Epocrates. (2019). *Epocrates medical references* (Version 23.6.1) [Mobile app]. App Store. <https://itunes.apple.com/us/app/epocrates/id281935788?mt=8>
- Kimball, H., De Nadai, A., PhD, & Steingard, R. J., MD. (2023). Improving treatment adherence in teens. *Child Mind Institute*. <https://childmind.org/article/improving-treatment-adherence-teens/>
- Martin, A. R., Naunton, M., Kosari, S., Peterson, G. M., Thomas, J., & Christenson, J. K. (2021). Treatment Guidelines for PTSD: A Systematic Review. *Journal of Clinical Medicine, 10*(18), 4175. <https://doi.org/10.3390/jcm10184175>
- Pebole, M. M. (2019, March 1). *Physical activity promotion in women with PTSD: What we need for progress*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6496957/>

**PRECEPTOR VERIFICATION:**

I confirm the patient used for this assignment is a patient that was seen and managed by the student at their Meditrek approved clinical site during this quarter course of learning.

Preceptor signature: Grace Fomung PM HMP 

Date: 07/12/2023