

Handwritten text at the top of the page, possibly a signature or name: *Will Kunkle DNP, PMHNP-BC*

Week 4: COMPLEX CASE STUDY PRESENTATION

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College of Nursing-PMHNP, Walden University

PRAC 6675: PMHNP Care Across the Lifespan II

Dr. Persad

06/21/2016

AK LeKundo DNP, PMHNP-BC

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CC: "I need medication adjustment."

HPI:

AK is a 22-year-old Caucasian female who presents for medication management follow-up with complaints of ongoing depression, anxiety, irritability, and labile mood. Patient reports that she has been feeling easily irritable and describes her mood as unstable. She reports continued anxiety and excessive worry about different events and activities. She states that the source of her anxiety varies, but the worry is present most days and is difficult to control. She reports that depression and anxiety continue to interfere with her functioning, including her ability to obtain employment. Patient reports a history of anxiety and depression since age 14 and states that she was diagnosed with borderline personality disorder in January 2025. She has a history of multiple psychiatric hospitalizations and past self-injurious/cutting behavior. Patient is requesting medication adjustment due to ongoing mood instability and irritability.

Substance Current Use: Pt denied current alcohol or substance use.

Medical History: AK reported history of multiple psychiatric hospitalizations and a history of self-injurious/cutting behavior.

Family History: Both parents has bipolar disorder. Two brothers with ADHD and the last siblings with depression.

- **Current Medications:**

Lithium 300 mg by mouth twice daily

Geodon 20 mg by mouth twice daily

Viibryd 20 mg by mouth once daily

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- **Allergies:** None reported
- **Reproductive History:** AK reports last menstrual period 5/27/26. Not sexually active currently.

ROS:

- **GENERAL:** AK was born and raised in Maryland by both parents. She is the oldest child of four. AK is high school graduate and unemployment.
- **HEENT:** denied head trauma
- **SKIN:** skin is intact
- **CARDIOVASCULAR:** denied chest pain, or shortness of breath.
- **RESPIRATORY:** None reported
- **GASTROINTESTINAL:** No reported
- **GENITOURINARY:** No reported
- **NEUROLOGICAL:** No headache
- **MUSCULOSKELETAL:** None reported
- **HEMATOLOGIC:** No reported
- **LYMPHATICS:** None reported
- **ENDOCRINOLOGIC:** no report of sweat or chill

Objective

Diagnostic results: Recent lithium level: 0.4, lower than prior level.

Assessment

Mental Status Examination: Patient appeared her stated age and was cooperative during the visit. She was alert and oriented. Speech was clear and coherent. Mood was described as anxious and depressed. Affect was appropriate to content. Thought process was logical and goal directed. Thought content was negative for suicidal ideation, homicidal ideation, delusions, or

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hallucinations. No response to internal stimuli noted. Insight and judgment appeared fair. Memory and concentration were grossly intact during the interview.

Diagnostic Impression:

1. Generalized Anxiety Disorder — F41.1

AK reports excessive anxiety and worry about different events and activities. The source of worry varies, the anxiety is present most days, and she finds it difficult to control. These symptoms impair her functioning, especially her ability to seek or maintain employment. According to DSM-5; Generalized Anxiety Disorder is diagnosed when a person experiences ongoing and hard-to-control worry on most days for at least 6 months, and the worry causes emotional distress or affects daily functioning (American Psychiatric Association [APA], 2022). Her symptoms also align with clinical features of generalized anxiety disorder, including persistent, difficult-to-control worry that affects daily functioning (Munir & Takov, 2022).

2. Major Depressive Disorder, Recurrent, Moderate — F33.1

AK has had a long history of depression since age 14 and currently reports depressive symptoms that interfere with functioning. She describes depression and anxiety as preventing her from getting a job and worsening her mood. Major Depressive Disorder is diagnosed when a person has a persistently low mood or loses interest in activities they usually enjoy, along with other symptoms that cause significant emotional distress or interfere with daily life (APA, 2022). Her history of recurrent depressive symptoms, occupational impairment, irritability, and multiple psychiatric hospitalizations supports Major Depressive Disorder as a diagnostic impression; however, further assessment of sleep, appetite, energy, concentration, guilt or worthlessness, psychomotor changes, and duration of the current episode is needed to clarify severity (Bains et al., 2023).

3. Borderline Personality Disorder — F60.3, by history

AK reports being diagnosed with borderline personality disorder in January 2025. Her history of self-injurious/cutting behavior, labile mood, irritability, and multiple psychiatric hospitalizations are consistent with features commonly associated with borderline personality disorder. DSM-5-TR criteria for borderline personality disorder is characterized by a long-term pattern of unstable

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relationships, changes in self-image, intense emotions, and impulsive behaviors. It may also include self-injurious behavior, mood instability, feelings of emptiness, difficulty managing anger, and stress-related paranoia or dissociation (APA, 2022). The APA guideline for borderline personality disorder also emphasizes careful assessment of co-occurring disorders, prior treatment history, current medications, safety risk, and psychotherapy as a central component of treatment (American Psychiatric Association, 2024). Further assessment is needed to confirm whether AK meets the full DSM-5-TR criteria.

Case Formulation and Treatment Plan

The psychotherapy plan for AK is to refer her for dialectical behavior therapy (DBT) because of her reported diagnosis of borderline personality disorder, labile mood, irritability, and history of self-injurious/cutting behavior. DBT can help her build skills in emotional regulation, distress tolerance, mindfulness, and healthier relationships. (National Institute of Mental Health [NIMH], 2024). The APA also recommends structured psychotherapy as a central part of treatment for borderline personality disorder (American Psychiatric Association, 2024). CBT techniques may also be helpful to address her anxiety and depression by helping her recognize negative thoughts and develop better coping strategies. Patient education will focus on medication adherence, mood tracking, and safety. A helpful health promotion activity is for AK to keep a daily mood and medication log to track mood changes, anxiety, irritability, sleep, triggers, and missed doses.

For treatment and management, AK should continue her current medications as prescribed while her adherence and lab results are reviewed. Nonpharmacologic treatments include DBT, supportive therapy, sleep hygiene, stress management, grounding techniques, journaling, mindfulness, exercise, and structured daily routines. Alternative therapies such as yoga, meditation, breathing exercises, and relaxation techniques may be used as supportive tools, but not as a replacement for medication or therapy.

AK should follow up in 4 weeks or sooner if symptoms worsen. Follow-up should include review of labs, medication management and side effects, mood lability, irritability, anxiety, depression, sleep, appetite, and safety. PHQ-9 and GAD-7 can be used to monitor depression and anxiety symptoms, and C-SSRS should be used because of her history of self-injury and multiple

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hospitalizations. She should be educated to call 988, go to the emergency department, or seek crisis support if she develops suicidal thoughts, self-harm urges, hallucinations, or worsening mood symptoms. The 988 Lifeline provides support for people experiencing mental health struggles, emotional distress, or suicidal crisis (988 Suicide & Crisis Lifeline, n.d.).

One important social determinant of health affecting AK is employment and financial instability. She reports that depression and anxiety interfere with her ability to get a job, which may worsen stress, low mood, and self-esteem. I would recommend a referral to a case manager or social worker to help connect her with employment support, vocational rehabilitation, transportation resources, insurance/benefit assistance, and community mental health services. Referral to a local American Job Center, vocational rehabilitation program, 211, or a community mental health center offering DBT groups may help support both her mental health and daily functioning.

Reflections: If I could conduct the session again, I would ask more detailed questions about medication adherence. I would also assess more carefully for manic or hypomanic symptoms due to her labile mood, irritability, lithium use, Geodon use, and history of multiple hospitalizations. If I can follow up, I would evaluate whether the plan was successful by reviewing her repeat labs, medication adherence, mood log, therapy attendance, PHQ-9/GAD-7 scores, sleep, irritability, and safety.

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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: Alex Kuntz DNP, PMHNP-BC

Date: 06/16/2026

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References

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