

Week (enter week 4): (PMHNP Care Across the Lifespan I1)

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PRAC 6675: PMHNP Care Across the Lifespan I1

Demesia Brown

03/18/2026Discussion

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Subjective:

CC (chief complaint): "I still feel depressed, and the medication is not helping."

HPI: WD is a 16-year-old Hispanic female who complains of continuing symptoms of a depressive nature despite ongoing pharmacologic therapy. The patient states that she feels low, she lacks motivation, and she has lacked concentration for multiple months. She mentions that her symptoms have not changed since she started taking fluoxetine 20 mg a day. According to the patient, her mood has always been depressed, feeling less interested in normal activities, and is unable to concentrate in school. The symptoms have resulted in impairment of functionality, especially in the areas of academic performance and anti-social behavior. She denies that she has any side effects from medication, but admits that she has been non-compliant with the medication and therapy at certain times. The patient does not report any suicidal thoughts, plans, or intentions. She claims that she occasionally uses alcohol, which can potentially cause mood instability. Has a family history of depression. Comprehensively, the symptoms are chronic, moderate in severity, and adversely affecting daily functioning.

Substance Current Use: Patient reports occasional alcohol use; denies use of illicit substances.

Medical History: No significant past medical conditions reported.

- **Current Medications:** Fluoxetine 20 mg daily.
- **Allergies:** No known drug allergies.
- **Reproductive Hx:** Adolescent female; no concerns reported.

ROS:

- **GENERAL:** Reports fatigue, denies fever or weight changes
- **HEENT:** Denies headaches or visual changes
- **SKIN:** No rashes or lesions
- **CARDIOVASCULAR:** Denies chest pain or palpitations
- **RESPIRATORY:** Denies shortness of breath
- **GASTROINTESTINAL:** Denies nausea, vomiting, or appetite changes
- **GENITOURINARY:** No concerns reported
- **NEUROLOGICAL:** Denies dizziness or weakness
- **MUSCULOSKELETAL:** Denies pain or stiffness
- **HEMATOLOGIC:** Denies bleeding or bruising
- **LYMPHATICS:** No lymphadenopathy reported
- **ENDOCRINOLOGIC:** Denies heat/cold intolerance

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Objective:

Diagnostic results: No laboratory or imaging results available at this time. Screening tools: PHQ-9 modified for adolescents to assess the severity of depression.

Assessment:

Mental Status Examination: The patient is a 16-year-old girl and is well-groomed and dressed according to the environment. She cooperates and also lacks eye contact. Soft, normal rate and rhythm speech is usual and coherent. The mood is reported to be depressed, and the affect is flat. The ways of thinking are rational and purposeful. No delusions, hallucinations, or other psychotic symptoms are present. Patient does not have suicidal/homicidal thoughts. Not only is insight and judgment intact, but there are adherence issues that point to limited application. Cognition seems to be intact, and the patient is personally oriented, place oriented, and time oriented.

Diagnostic Impression:

Primary Diagnosis

Recurrent Major Depressive Disorder (MDD), moderate (American Psychiatric Association [APA], 2022). The patient reports that she has experienced depressed mood persistence, lack of motivation, impaired concentration, and fatigue in addition to anhedonia that have lasted several months, which supports this diagnosis. These symptoms have brought about clinically significant deterioration in academic achievements and social functionality. The diagnosis is made according to the DSM-5-TR criteria when the patient has five or more symptoms of depression that last more than two weeks, which include a depressed mood or loss of interest (APA, 2022). It did not show any indications of psychotic conditions and suicidal ideation, which indicates a moderate level of severity. Also, her minimal fluoxetine response can be explained by the fact that she did not adhere to her medication all the time, or the necessity to adjust the medication instead of making another diagnosis.

Differential Diagnoses

The persistent Depressive Disorder (Dysthymia) is an option because the depressive symptoms of the patient are chronic in nature, and her disability remains functional. It is defined by a depressed mood most of the day, on more days than not, and for at least one year in adolescents (APA, 2022). Although the patient has chronic factors suggesting that she has been affected by Major Depressive Disorder, the severity of the reported symptoms with serious school and social disabilities is more reminiscent of the former and less characteristic of the latter, mild but persistent dysthymia. Besides, the fact that symptoms are worsened episodically, and various symptoms of acute depression give support to MDD as opposed to a steady low-grade depressive mood state (Walter et al., 2023).

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Substance/Medication-Induced Depressive Disorder is another diagnosis as well since the patient confessed to occasional alcohol consumption. Alcohol is a central nervous system depressant, which may constitute or maintain depressive symptoms (lowness), lack of energy, and poor cognition (Chavez et al., 2023). Nonetheless, depressive symptoms in the patient seem to be pre-existing and cannot be eliminated through alcohol intake, and there is no hint of frequent and heavy drinking that might explain the intensity of symptoms. As such, alcohol can be viewed as a risk factor, but the likelihood of it being the key factor to her depressive display is low (APA, 2022).

The other potential diagnosis would be Adjustment Disorder with Depressed Mood, especially in teenagers who have emotional reactions to known stressors. The disorder is marked by depression-related symptoms experienced in a period of three months following a stressor and generally disappears in six months after the cessation of the stressor or its effects (APA, 2022). The patient in this situation does not recognize an apparent precipitating stressor, and the length of symptoms is longer than the projected period. The functional impairment level and the severity of the symptoms are also higher than those of normal in adjustment disorders, which is why this diagnosis is less probable.

Reflections: In case this session is repeated, I would pay more attention to the investigation of obstacles to medication compliance and the uptake of therapy. The occasional non-compliance in the patient is also a possible cause of treatment unresponsiveness. Adherence and engagement can be enhanced by using motivational interviewing techniques. Besides, the deep psychosocial assessment, such as the school setting, interpersonal relationships and family dynamics would give a better understanding of any other stress causes.

With follow-up, the success of the treatment would be measured through the improvement of symptoms, adherence, and functioning. In case the existing interventions are inefficient, the subsequent intervention would be medication modification or enrichment and potential consultation with a child and adolescent psychiatrist. Safety should be monitored further.

Case Formulation and Treatment Plan:

The patient exhibits a contributing factor of moderate and recurrent major depressive disorder that is complicated by a lack of treatment adherence and psychosocial stressors. Multimodal treatment is to be prescribed.

Pharmacologic Plan:

- Re-evaluate existing fluoxetine treatment; should the dose be raised, or is an alternative SSRI such as sertraline and escitalopram preferred (Walter et al., 2023).
- Teach the patient about drug compliance and the possible time frame of therapeutic action.

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Psychotherapy Plan:

- Apply or strengthen the Cognitive Behavioral Therapy (CBT) as the initial intervention (Weersing et al., 2025).
- Promote regular participation and attendance.

Health Promotion:

- Develop a regular daily practice such as sleep Hygiene, exercise and socializing.

Patient Education:

- Patient education on depression as a treatable illness.
- Address risks of alcohol use and its effect on mood and the effectiveness of the treatment.

Alternative Therapies:

- Take into consideration mindfulness-oriented interventions and stress reduction techniques.

Social Determinant of Health:

- Inadequate support in terms of caregivers (lives with a grandmother) can affect adherence and access to care.

Referral Recommendation:

- Referral to community mental health or school based counseling in order to strengthen support system.

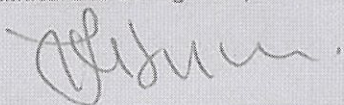
Follow-Up:

- Schedule follow-up in 2–4 weeks
- Network symptom progression, compliance and safety.

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: _____



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Evaluation Template**

Date: 03/17/2026

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).

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