

*****Please note- student work is in black or blue below and the instructor comments are in red.

Behaviors	Stimuli	Diagnosis
<p>PHYSIOLOGICAL MODE</p> <p>"I feel like I'm sleeping a lot but at the same time not enough because I wake up feeling tired" " I just want to sleep all day"</p> <p>Where are the actual hours of sleep? Where are your behaviors for stress, anxiety and depression??</p>	<p>Client has major depression → Spending too long in bed causes trouble with falling asleep → Frustration of lying in bed awake adds to the problem, and it builds on itself, getting worse and worse → The more time she spends in bed trying to get more sleep, the more trouble develops For her to fall asleep and the more she awakens in the night.</p> <p>(should be a bullet list – no arrows please)</p>	<p>Fatigue r/t psychological factors: Stress, anxiety and depression</p> <p>Your "related to" need to be corrected and the bullet list of stimuli should be the only things put for "related to".</p>
<p>SELF-CONCEPT MODE</p> <p>"I'm fat and disgusting to look at." "I should know better, I am so ashamed of myself." "I'm such a disappointment." "I hate myself." "I'm angry I didn't die." "Thoughts of getting my husbands gun and blowing my brains out or driving off the road fill my head. There is no reason for me to live."</p> <p>Objective data belongs here such as : loss of job/license, problems with the job, legal issues, financial problems,....these are all behavior not stimuli</p>	<p>Low self esteem → Forge prescriptions for weight loss pills: amphetamine (poor problem solving skills) → Arrest → Felony charge → RN license revoked → financial problems → feelings of hopelessness → depression → suicidal ideations</p> <p>Example of Stimuli (these are your "related to"): neurochemical imbalance (depression) Guilt Shame Repeated past failures Impaired cognitive self appraisal (negative tapes)</p> <p>(should be a bullet list – no arrows please) Some of the above is behavior and not stimuli</p>	<p>Low self esteem r/t negative view of body image, excessive feeling of guilt, thoughts of harming herself</p> <p>Depression r/t low self esteem, poor problem solving skills, loss of job, feelings of hopelessness</p> <p>Risk for suicide r/t thoughts of harming herself, communicates desire to harm herself, attempted to kill herself</p> <p>(only one diagnosis needed)</p>
<p>ROLE FUNCTION MODE</p> <p>"My career is over, I never could be a nurse again" "I was charged with a felony, I'm so ashamed of myself." "We lost our house, we have no where to live" "I'm not able to get pregnant and start a family; I really want to be a mother."</p>	<p>Low self esteem → Forge prescriptions for weight loss pills: amphetamine (poor problem solving skills) → Arrest → Felony charge → RN license revoked → Husband unable to maintain employment → financial problems + unable to conceive children + loss of house → feelings of helplessness and hopelessness → Unable to function in society</p> <p>(should be a bullet list – no arrows please) behaviors are mixed in with stimuli above</p>	<p>Altered role performance r/t identifies self as a "criminal", RN license revoked, change in living situation, unable to be a mother</p>

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<p><i>INTERDEPENDENCE MODE</i></p> <p>“My husband and I are fighting all the time. Without him I have nothing left.” “I just want to stay in bed all day.” “Everybody pretends I don’t exist anymore.” “I just want to die.”</p> <p>Does she have any social support or family support? Is she isolated? Who does she go to when she needs help? Does she meet her needs appropriately or does she exhibit co-dependent behaviors?</p>	<p>Low self esteem → Forge prescriptions for weight loss pills: amphetamine (poor problem solving skills) → Arrest → Felony charge → RN license revoked → Ineffective coping behaviors</p> <p>(Should be a bullet list – no arrows please). Some of the above are behaviors such as: forging prescriptions, being arrested, license revoked.</p>	<p>Ineffective coping r/t Low self esteem, Loss of job, Inadequate social support, depression and isolation, suicide attempt</p>
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Goals	Interventions	1. Evaluation (methods)
<p>PHYSIOLOGICAL MODE</p> <p>Client verbalizes having sufficient energy to complete desired activities in 24 hours As evidenced by:</p> <ol style="list-style-type: none"> 1. Client will spend less time in bed 2. Client will start the morning with a moderate exercise program 3. Client will spend time each night relaxing, mediating and thinking about three things that went right during the day <p>(only two goals are required here but three are fine)</p>	<ol style="list-style-type: none"> 1. Encourage client to reduce the time they spend in bed each night by the number of hours they would usually spend lying awake. The less time you spend in bed, the more you will restore the habit of falling asleep quickly after going to bed, and the more you improve the habit of sleeping soundly. 2. Encourage client to establish a morning exercise routine Exercise promotes improved sleep quality by allowing smoother and more regular transition between the cycles and phases of sleep. REM sleep is the most important stage, but each stage addresses a different brain function, so you need several complete cycles to maintain a healthy brain. short of sleep, then our concentration and our effectiveness suffer and our energy levels decline 3. Educate client on systemic relaxation, imaginary and breathing techniques. Stress is definitely an enemy of a good night's sleep. Trying to de-stress with meditation and relaxation activities can lower stress levels and lead to a healthy amount of sleep that is essential for mental and physical well being. 	<ol style="list-style-type: none"> 2. Client engaged in group activities and meetings, she went outside for the fresh air breaks and spend time in dayroom with other clients. 3. Client verbalized not ready to began an exercise routine but understands benefits of exercising regularly 4. Client demonstrated some relaxation technique with me and identifies one thing that went right today to think about tonight "My husband came to visit."
<p>SELF-CONCEPT MODE</p> <p>Client will express a healthier perception of self worth in 12 hours As evidenced by:</p> <ol style="list-style-type: none"> 1. Recognizing unhealthy thoughts. Identify judgmental terms used to describe self, and identify objective terms to replace them 2. Verbalize positive feelings about herself by identifying strengths 3. Demonstrates a zest for life and ability to enjoy the present <p>(only two goals are required here but three are fine)</p>	<ol style="list-style-type: none"> 1. Work with client to identify cognitive distortions that encourage negative self- appraisal. Cognitive distortions reinforce negative, inaccurate perception of self and the world 2. Encourage client to identify and verbalize three positive "I" statements. Self exploration encourages client to consider future changes 3. Encourage participation in a supportive therapy and group where others are experiencing similar thoughts, feelings and situations Decrease feelings of isolation and provide an atmosphere where positive feedback and a more realistic appraisal of self are available(this is an interdependence intervention). 	<ol style="list-style-type: none"> 1. Client is able to identify plenty of judgmental terms to describe herself but unable to replace with objective terms at this time. 2. Client unable to identify strengths at his time. She states "There is nothing positive in my life, I lost my job, my house, I want kids and I can't." 3. Client unable to demonstrate a zest for life but is participating in her treatment plan by going to groups and taking her medications.

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<p>ROLE FUNCTION MODE</p> <p>Client will realize the importance of treatment and will accept her role as a patient in 12 hours As evidenced by;</p> <ol style="list-style-type: none"> 1. Recognizing limitations imposed by depression and express feelings considering these limitations 2. Participating in decisions considering course of treatment and management of health 3. Demonstrating productive contribution to self care, others and environment <p>(only two goals are required here but three are fine)</p>	<ol style="list-style-type: none"> 1. Include patient in planning the treatment regimen. Patients who become co managers of their care have a greater stake in achieving a positive outcome. They know best their personal and environmental barriers to success. No – your intervention needs to be about the clients role – as a mentally healthy adult in this case 2. Schedule 1:1 sessions for 15 minutes throughout day to provide opportunities and encourage client to express thoughts and feelings as they relate to her role as a mentally healthy adult. To help identify how altered role performance has affective her life 3. Explore expectations related to role as a functioning member of society. Stating them may help her realize which expectations are realistic and attainable. (OK) 	<ol style="list-style-type: none"> 1. Client was able to recognize her depression is stopping her from functioning at optimal level. States “I know I shouldn’t feel like this, I know what needs to be done, I just can’t stop feeling this way.” 2. Client is able to provide input on course of treatment and verbalized “Plans to take medication and continue to go to therapy.” 3. Client unable to explore other options at his time. She is focused on her career as nurse and how she caused that to be revoked.
<p>INTERDEPENDENCE MODE</p> <p>Client will identify maladaptive coping behaviors and identify available resources and support systems within 72 hours As evidence by;</p> <ol style="list-style-type: none"> 1. Discuss situations that trigger suicidal thoughts 2. Name two persons to whom she can talk if suicidal thoughts recur in the future 3. Demonstrates use of effective coping strategies 	<ol style="list-style-type: none"> 1. Identify situations that trigger suicidal thoughts. Identify targets for learning more adaptive coping skills. This is a self-concept intervention. 2. Role play with client adaptive coping strategies that client can use when situations that lead to suicidal thinking begin to emerge. Not all new coping strategies are effective the idea is that the nurse and client work together to find what does work, and that there is no right way to behave. Give client hotline numbers 1-800-Suicide (784-2433) and 1-800-273-8255 (talk).Informed her lines are available for her to use 24 hours a day seven days a week. (This - in blue above - should be a separate intervention and is interdependence – thus correct in this box). 3. Clarify those things that are not under the person’s control. One cannot control another’s actions, likes, choices, or health status. Recognizing ones limitations in controlling others is, paradoxically, a bringing to finding ones strength. This is a cognitive process and thus belongs in the self-concept mode. 	<ol style="list-style-type: none"> 1. Client was guarded in the morning however slowly opened up about situation that caused her to want to kill herself. 2. Client inquired about suicide hotline numbers and requested information on the centers in her neighborhood. 3. Client decided to start writing in a journal.

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