Shadow Health

Shadow Health Faculty Debriefing Guide

Mental Health DCE

This guide will provide comprehensive faculty debriefing resources for the Shadow Health Mental Health DCE patient encounters. Debriefing resources will include key takeaways, customizable questions, and scripted prompts to facilitate discussion.

Contents in Shadow Health Faculty Debriefing Guide: Mental Health DCE

Introduction and Utilization

Debriefing after a patient encounter is a crucial component of nursing education, offering students a structured opportunity to reflect on their clinical experiences. It allows them to process what occurred, analyze their clinical decision-making, and gain insight into their strengths and areas for improvement. The same is true after nursing students go through a Shadow Health patient encounter. Through guided discussion, students can connect theory to practice, reinforce clinical skills, and deepen their understanding of patient-centered care. Debriefing also fosters critical thinking, emotional intelligence, and professional development by encouraging open dialogue about challenges, ethical dilemmas, and interpersonal communication. Ultimately, it enhances learning outcomes and prepares nursing students for real-world practice by transforming experience into meaningful growth.

This document will go through each of the Pediatrics DCEs and give you some ideas on how to debrief with your students in a meaningful way. Pick and choose from a list of questions to customize the discussion for your students or follow our script to help create a meaningful discussion and learning opportunities for your students.

Debrief Focused Exam: Schizophrenia (Eric Ford)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What specific cues did you recognize that indicated Eric was experiencing disturbed thought processes or sensory perceptions? How did you distinguish between relevant and irrelevant data during your assessment?
- How did you prioritize your assessment questions when Eric's communication was disorganized? What strategies helped you gather essential information despite his symptoms
- What risks did you identify during your interaction with Eric? How did you assess for violence and suicide risk while maintaining therapeutic rapport?
- Describe a moment when Eric's responses challenged your communication approach. How did you adapt your technique to maintain contact with reality while showing respect?
- When Eric shared his chief complaint or described his symptoms, how did you document this information? Why is capturing the patient's own words particularly important in mental health assessment?
- Based on your assessment, what would be your priority problem statements for Eric? Consider disturbed thought processes, disturbed sensory perception, social isolation, or impaired verbal communication—which seemed most urgent?
- What short-term goals would you establish for Eric's care? Think about safety, nutrition, rest, reality contact, and communication—which goals align with his immediate needs?
- How would you involve Eric in developing his treatment plan? What strategies would help him participate despite his symptoms?
- What assumptions or biases did you notice in yourself during this interaction? How might cultural factors or personal reactions have influenced your assessment approach?
- What would you do differently in your next encounter with a patient experiencing psychosis? What specific skills or knowledge areas do you want to strengthen?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. How did you assess for command hallucinations, and what safety interventions would you prioritize if Eric reported voices telling him to harm himself or others?
    - Command hallucinations are a psychiatric emergency requiring immediate evaluation. Students should discuss how they assessed what Eric hears, the source he attributes it to, his ability to recognize hallucinations as "not real," and his capacity to resist commands. This question reinforces the critical importance of safety assessment and helps students distinguish between intrusive but manageable hallucinations versus dangerous commands requiring urgent intervention.
2. Describe your approach when Eric appeared to be actively hallucinating. How did you use reorientation techniques while maintaining a calm, non-threatening presence?
    - Students should reflect on specific communication strategies such as providing reorientation ("Eric, you seem to be listening to something. I am not hearing any voices. Come and talk to me"), avoiding sudden touch especially if paranoia was present, and using a calm, caring approach. This question helps students practice verbalizing therapeutic responses and recognize the importance of not arguing about the reality of hallucinations while gently redirecting attention.
3. What positive symptoms (hallucinations, delusions, disorganized thinking) and negative symptoms (flat affect, avolition, social withdrawal, anhedonia) did you identify? How does this distinction inform medication effectiveness and nursing interventions?
    - This question reinforces that positive symptoms respond better to antipsychotic medications while negative symptoms are more difficult to treat and often prevent patients from seeking help. Students should discuss how they built therapeutic alliance

through persistent, consistent efforts—greeting Eric by name, inviting him to activities even after rejection, providing positive feedback for small interaction attempts, and leaving the door open for future engagement. Understanding this distinction helps students set realistic expectations and appreciate the importance of relationship-building over time.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's gather your reactions to working with Eric. Take a moment to reflect silently.
- Guiding Questions:
    - What emotions came up during this encounter?
    - What aspects of Eric's presentation stood out most?
    - What felt challenging about communicating with him?
    - Did anything surprise you about his responses or behavior?

Analysis

- Now let's analyze your clinical reasoning.
- Symptom Recognition:
    - Which positive symptoms did you identify—hallucinations, delusions, thought disorders, or movement disorders?
    - What negative symptoms were present—flat affect, reduced pleasure, difficulty sustaining activities, reduced speaking?
    - How did you assess cognitive symptoms like concrete thinking, memory impairment, or impaired executive functioning?
- Therapeutic Communication:
    - How did you establish trust with Eric? What acceptance strategies did you use?
    - During active hallucinations, how did you provide reorientation without arguing about the reality of his experience?
    - Did you avoid touching Eric without warning, especially if paranoia was present?
    - How did you communicate concretely rather than using abstract concepts?
- Safety & Medication Management:
    - How did you assess for medication adherence and side effects?
    - What education did you provide about antipsychotic medications and adverse effects?
    - How did you address anosognosia—Eric's potential inability to recognize he's ill?
- Intervention Strategies:
    - What strategies did you teach for managing persistent auditory hallucinations—talking with someone, listening to music, deep breathing?
    - How did you model conventional social behaviors and provide positive feedback for small efforts to interact?

Closing

- Ask students to identify:
    - One symptom cluster (positive, negative, or cognitive) they'll remember
    - One therapeutic technique for building trust or managing hallucinations
    - One question they want to explore further
- Schizophrenia requires calm, consistent, nonjudgmental care. Your ability to differentiate symptom clusters, communicate concretely, provide reorientation during hallucinations, and persistently build therapeutic alliance—even when initially rejected—supports recovery and enhances self-esteem.

Debrief Focused Exam: Anxiety (John Larsen)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What physical and psychological symptoms of anxiety did you observe in John? How did you differentiate between mild, moderate, and severe anxiety levels during your assessment?
- How did you prioritize your assessment when John presented with multiple concerns? What cues helped you identify anxiety as a primary issue versus a co-occurring condition?
- What safety concerns did you identify during your interaction? How did you assess John's coping mechanisms and support systems?
- Describe how you used therapeutic communication techniques to help John feel safe and heard. Which approaches (active listening, physical presence, reassurance) seemed most effective in reducing his anxiety?
- When John's anxiety level was elevated, how did you adjust your communication style? Did you use clear, simple statements? How did you avoid increasing his anxiety through your word choice or body language?
- What environmental modifications could help reduce John's anxiety symptoms? Think about stimuli reduction, creating a calm atmosphere, and promoting psychological safety.
- If John's anxiety escalated during your assessment, what immediate interventions would you implement? Consider both pharmacological and non-pharmacological approaches.
- What health teaching would be most beneficial for John? Consider education about anxiety disorders, relaxation techniques (breathing exercises, progressive muscle relaxation), and available treatment options.
- How would you help John develop healthy coping mechanisms for managing anxiety? What resources or referrals would support his long-term wellness?
- How did you manage your own emotional responses while caring for an anxious patient? What strategies helped you maintain a calm, reassuring presence even when John's anxiety was high?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

- What level of anxiety did John exhibit—mild, moderate, severe, or panic—and what specific physical, cognitive, and behavioral symptoms led you to this conclusion?
    - Students should identify symptoms across multiple domains: physical (increased heart rate, sweating, trembling, shortness of breath), cognitive (difficulty concentrating, racing thoughts, worry), and behavioral (restlessness, avoidance). This question reinforces that as anxiety escalates, the ability to problem-solve decreases. Students should recognize that mild-to-moderate anxiety allows for problem-solving with support, while severe-to-panic anxiety requires immediate safety interventions and a calm, structured environment before therapeutic communication can be effective.
- How did you use open-ended questions, broad openings, and active listening to help John focus and explore his concerns? Reflect on a moment when your communication either reduced or inadvertently increased his anxiety.
    - Students should discuss specific techniques such as asking "Tell me more about what's been worrying you" rather than yes/no questions, providing a calm presence, and recognizing John's distress without dismissing it. This question helps students understand that closing off topics prematurely or introducing irrelevant subjects can escalate anxiety. Effective communication at mild-to-moderate levels involves helping the patient maintain focus, while severe anxiety requires firm, short, simple statements and environmental modifications.
- What education did you provide about evidence-based treatments for anxiety, including cognitive behavioral therapy, relaxation techniques, and medication options (SSRIs, SNRIs,

benzodiazepines)? How did you explain the difference between short-term and long-term management?
    - Students should demonstrate understanding that cognitive behavioral therapy is the most common evidence-based approach, and SSRIs/SNRIs are preferred first-line medications due to better tolerability. Benzodiazepines provide rapid relief but are reserved for short-term use during acute episodes due to tolerance and dependency risks. Teaching about relaxation techniques—such as breathing exercises and progressive muscle relaxation—empowers patients with immediate coping tools. This question reinforces the nurse's critical role in health teaching and helping patients understand that anxiety disorders are treatable conditions.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's gather your reactions to working with John. Take a moment to reflect silently.
- Guiding Questions:
    - What emotions came up during this encounter?
    - What went well in your assessment?
    - What felt challenging about communicating with John?
    - What surprised you about his anxiety presentation?

Analysis

- Assessment & Symptom Recognition:
    - What level of anxiety did John exhibit—mild, moderate, severe, or panic?
    - How did you assess physical symptoms like increased heart rate, breathing changes, or muscle tension?
    - What cognitive symptoms did you identify—difficulty concentrating, racing thoughts, or catastrophizing?
    - How did you differentiate anxiety from other conditions or substance use?
- Therapeutic Communication:
    - What techniques helped John focus and solve problems—open-ended questions, broad openings, exploring, or seeking clarification?
    - How did you provide a calm presence and recognize his distress?
    - Did you avoid closing off topics or bringing up irrelevant issues that could increase anxiety?
- Intervention Strategies:
    - What relaxation techniques did you teach—deep breathing, progressive muscle relaxation, or grounding exercises?
    - How did you help John identify effective past coping mechanisms?
    - What alternatives or activities did you suggest to relieve inner tension?
    - What education did you provide about anxiety disorders, triggers, and available treatments?
- Environmental Management:
    - How did you create a safe, calm environment—reducing stimuli, providing reassurance, staying present?

Summary

- Ask students to identify:
    - One assessment finding that indicated John's anxiety level
    - One intervention they'll use for future anxious patients
    - One question they want to explore further

Closing

- Effective anxiety management begins with recognizing distress levels and providing calm, focused presence. Your therapeutic communication, teaching of relaxation techniques, and environmental modifications reduce escalation and help patients develop healthy coping mechanisms for long-term management.

Debrief Focused Exam: Depression (Abigail Harris)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What verbal and nonverbal cues did you notice that indicated Abigail's depression? (Consider grooming, posture, facial expression, eye contact, tone of voice)
- How did you screen for major depression? Which questions were most effective in eliciting information about her symptoms?
- Did you assess for suicidal ideation? Walk through how you asked about thoughts of self-harm, plans, means, and protective factors.
- Describe a moment when Abigail seemed resistant or unresponsive. How did you handle your own feelings of frustration or helplessness in that interaction?
- What therapeutic communication techniques worked well? Which ones didn't land as expected, and what would you do differently?
- Did you assess for bipolar disorder by asking about manic or hypomanic episodes? Why is this important when a patient presents with depressive symptoms?
- What risk factors for suicide did you identify? How would you prioritize your nursing interventions based on Abigail's level of risk?
- How did you evaluate Abigail's basic self-care needs—sleep patterns, appetite changes, energy levels, and personal hygiene? What nursing diagnoses might these findings support?
- Did you explore Abigail's social support system? How might the presence or absence of trusted friends impact her treatment plan?
- Reflecting on your own emotional responses during this encounter, what personal feelings emerged? How might supervision or peer discussion help you maintain therapeutic effectiveness when working with patients who have depression?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. How did you assess Abigail's suicide risk, and what specific questions helped you determine whether she had suicidal ideation, a plan, means, or intent?
    - Students should demonstrate direct questioning such as "Are you having thoughts of hurting yourself?" or "Have you thought about ending your life?" Assessment of suicide risk is essential before beginning antidepressant treatment. Students should discuss evaluating protective factors (support systems, reasons for living) versus risk factors (isolation, hopelessness, previous attempts, access to lethal means). This question reinforces that nurses must ask directly about suicide—it does not "plant the idea" but opens the door for patients to share dangerous thoughts and receive immediate help.
2. What symptoms of major depressive disorder did you identify in Abigail across emotional, cognitive, physical, and behavioral domains? How did you assess the impact on her daily functioning, relationships, work, or self-care?
    - Students should recognize the constellation of symptoms: depressed mood, anhedonia (loss of interest/pleasure), sleep disturbances, appetite changes, fatigue, difficulty concentrating, feelings of worthlessness or guilt, and psychomotor changes. Depression affects the whole person—students should discuss how they explored Abigail's ability to complete activities of daily living, maintain relationships, and fulfill responsibilities. Understanding functional impairment helps students set realistic, achievable goals starting with small steps before progressing to larger goals.
3. What education did you provide about antidepressant medications (SSRIs as first-line treatment), the typical 2-4 week delay before therapeutic effects, and the critical need to monitor for worsening symptoms early in treatment?
    - Students should explain that SSRIs and SNRIs are first-line treatments, medications must be started at low doses and increased gradually, and it takes several weeks to

experience benefit. Critically, patients may initially have increased energy before mood improves—creating a paradoxical period of heightened suicide risk when they now have the energy to act on suicidal thoughts. Students should discuss teaching patients and families to immediately report severe or sudden symptoms like anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, or emergence of suicidal thoughts. This question reinforces the nurse's vital role in patient education and ongoing monitoring during the vulnerable early treatment phase.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's begin by reflecting on your experience with Abigail Harris. Take a moment to gather your thoughts.
- Guiding Questions:
    - What were your initial reactions when interacting with Abigail?
    - How did you feel during the simulation?
    - What stood out most to you about this patient encounter?

Analysis

- Now let's analyze what happened and connect it to clinical reasoning.
- Assessment & Safety:
    - What suicide risk assessment did you perform? What specific questions did you ask?
    - How did you prioritize safety as your primary intervention?
    - What signs indicated Abigail's level of depression severity?
- Therapeutic Communication:
    - How did you build rapport with a patient who may have been reluctant to engage?
    - What therapeutic techniques worked? What would you adjust?
    - Did you experience any personal reactions that affected your approach?
- Clinical Reasoning:
    - What nursing diagnoses did you identify?
    - How did you evaluate self-care needs—nutrition, sleep, and hygiene?
    - What patient education did you provide about depression and treatment?

Summary

- Let's summarize key takeaways for clinical practice.
- Key Learning Points:
    - Suicide risk assessment is the priority intervention for patients with depression
    - Therapeutic presence matters—even when patients seem unresponsive, your caring attention builds trust and self-worth
    - Monitor closely as antidepressants take effect; suicide risk may increase as energy returns
    - Recognize your own emotional responses; seek supervision when feeling frustrated or hopeless
- Action Items:
    - What will you do differently in your next encounter with a depressed patient?
    - What resources or skills do you need to develop further?

Closing

- Remember, caring for patients with depression requires patience, genuine concern, and evidence-based safety interventions. Your presence makes a difference.

Debrief Focused Exam: Bipolar Disorder (Lucas Callahan)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What specific behaviors or symptoms indicated Lucas might be experiencing a manic or hypomanic episode? (Consider speech patterns, activity level, sleep needs, mood, grandiosity)
- Did you assess for pressured speech or flight of ideas? Describe what you heard and how you documented these findings.
- How did you evaluate Lucas' sleep patterns, appetite, and energy levels? What did these findings tell you about the severity of his current episode?
- What safety concerns did you identify related to impulsive behavior—such as excessive spending, hypersexuality, or risky activities? How would you prioritize interventions?
- Did you assess for signs of physical exhaustion from constant activity and lack of sleep? What nursing interventions would address this immediate concern?
- How did you screen for previous depressive episodes to differentiate between Bipolar I and Bipolar II disorder? Why is this distinction clinically important?
- Did you notice mood lability—rapid shifts from euphoria to irritability or anger? How did you respond therapeutically when Lucas' mood changed?
- Describe a moment when Lucan was distractible, intrusive, or manipulative. What limit-setting strategies did you use, and how effective were they?
- How did you maintain a calm demeanor when Lucas interrupted, pushed boundaries, or became irritable? What self-regulation techniques helped you stay therapeutic?
- Did you discuss mood stabilizers and the importance of medication adherence even when symptoms improve? How would you address Lucas' potential resistance to long-term treatment?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What symptoms of mania did you identify in Lucas, and how did you assess for behaviors that could compromise his safety or the safety of others?
    - Students should recognize key manic symptoms: elevated or irritable mood, grandiosity, decreased need for sleep, pressured speech, flight of ideas, increased goal-directed activity, impulsivity, and hypersexuality. Labile mood—rapidly shifting from euphoria to agitation and paranoia—is particularly important to identify. Students should discuss assessing for dangerous behaviors such as impulsive spending, risky sexual activity, aggressive behavior, or complete physical exhaustion from days without sleep or food. This question reinforces that severe mania often requires hospitalization and that agitation can escalate to aggression requiring immediate intervention.
2. Describe how you used therapeutic communication techniques when Lucas was experiencing mania. How did you set limits, redirect behavior, and maintain a calm demeanor?
    - Students should demonstrate understanding that reasoning with a manic patient is often ineffective. Communication strategies include: maintaining a calm, non-threatening presence; setting clear limits with stated consequences ("Mr. Callahan, I am talking to another patient right now. Please wait in the dayroom and I will be with you in 10 minutes. If you interrupt again, I cannot help you with your project today"); consistent follow-through; and redirecting to quiet areas to decrease environmental stimulation. Students should recognize that when mania is severe, distraction and redirection work better than attempting logical discussion. This question helps students practice verbalizing firm but respectful boundaries.
3. What medications are used for acute mania, and what education would you provide Lucas about the importance of long-term adherence even when symptoms improve?

- Students should identify that lithium or valproate combined with a second-generation antipsychotic (olanzapine, risperidone) are preferred for acute mania. Benzodiazepines like lorazepam may be added short-term for severe agitation, insomnia, or anxiety. Critically, students must emphasize that mood stabilizers take 2+ weeks for maximal effect and that medication adherence is essential because bipolar disorder is chronic and highly recurrent. Patients often discontinue medications once manic symptoms subside, leading to relapse. Teaching should include recognizing early warning signs—especially sleep pattern changes—as even one night of unexplained sleep loss can signal impending mania.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's reflect on your encounter with Lucas Callahan. Take a moment to gather your thoughts.
- Guiding Questions:
  - What were your initial reactions when interacting with Lucas?
  - How did you feel managing his energy level and behaviors?
  - What was most challenging about this encounter?

Analysis

- Let's analyze what happened and connect it to clinical reasoning.
- Assessment & Safety:
  - What manic symptoms did you identify? (pressured speech, flight of ideas, decreased sleep, grandiosity, impulsivity)
  - How did you assess for safety risks—impulsive spending, hypersexuality, physical exhaustion, aggression?
  - What signs indicated Lucas needed immediate intervention
- Therapeutic Communication & Limit Setting:
  - How did you maintain a calm demeanor when Lucas was intrusive or distractible?
  - What limit-setting techniques did you use? Were you clear and consistent?
  - How did you redirect Lucas when he couldn't comply with requests?
  - Did you experience manipulation or staff splitting? How did you handle it?
- Physical Care Needs:
  - How did you address nutrition, hydration, and sleep deprivation?
  - What strategies would work for someone who can't sit still long enough to eat?
- Patient Education:
  - What teaching did you provide about bipolar disorder and its chronic, recurrent nature?
  - How did you explain mood stabilizers and the importance of adherence even when feeling better?
  - Did you discuss warning signs of relapse, especially sleep pattern changes?

Summary

- Let's summarize key takeaways
- Key Learning Points:
  - Safety first: Monitor for exhaustion, aggression, and impulsive behaviors
  - Limit setting is therapeutic—be clear, calm, and consistent
  - Environmental management: Reduce stimulation, redirect to quiet areas
  - Sleep monitoring is critical—even one night of sleep loss can trigger mania
  - Collaborative care: Consistency across the team prevents manipulation
- Action Items:

- What will you do differently when caring for a patient in a manic state?
- How will you manage your own reactions to challenging behaviors?

Closing

- Patients experiencing mania cannot control their behaviors due to chemical imbalances. Your calm, structured approach provides the safety and boundaries they need.

Debrief Focused Exam: Alcohol Use Disorder (Rachel Adler)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What screening questions did you use to assess the severity of Rachel's alcohol use?(Consider quantity, frequency, timing, and impact on daily functioning)
- Did you assess for withdrawal symptoms? What physical signs—such as tremors, sweating, elevated vital signs, or anxiety—did you observe or ask about?
- How did you evaluate Rachel's motivation to change using a scale of 1-10? What did her response tell you about her readiness for treatment?
- Describe how you explored Rachel's ambivalence about her drinking. What benefits does alcohol provide for her, and how might these needs be met in healthier ways?
- Did you identify any discrepancies between Rachel's current alcohol use and her personal goals or values? How did you raise these discrepancies without being confrontational or judgmental?
- Reflect on your listening-to-talking ratio. Were you able to listen more than you spoke? How did this approach affect Rachel's openness?
- What medical complications related to chronic alcohol use did you assess for? (Consider liver function, nutritional deficiencies, GI issues, cardiovascular effects)
- Did you screen for co-occurring mental health conditions such as depression, anxiety, or trauma? Why is this assessment critical in substance use disorders?
- How did you help Rachel identify triggers, high-risk situations, or relationships that contribute to her drinking pattern? What alternative coping strategies did you discuss?
- Did you explore Rachel's support system and introduce resources like AA meetings or community treatment programs? How did you present these options in a supportive, non-mandating way?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What signs and symptoms of alcohol withdrawal did you assess in Rachel, and how did you determine the severity using the CIWA-Ar scale to guide treatment decisions?
    - Students should identify withdrawal symptoms that typically begin 6-12 hours after the last drink: tremors, anxiety, increased heart rate and blood pressure, sweating, nausea, vomiting, hyperreflexia, agitation, insomnia, and possible hallucinations. The CIWA-Ar tool helps determine whether hospitalization is warranted or outpatient treatment is adequate. Students must recognize life-threatening complications: seizures (most likely 24-48 hours after last drink) and delirium tremens (48-96 hours after last drink), which presents as severe confusion, autonomic hyperactivity, and hyperthermia. This question reinforces that alcohol withdrawal can be fatal and requires early, accurate assessment and prompt intervention with benzodiazepines to prevent seizures.
2. How did you address Rachel's potential denial while building trust and supporting her autonomy in making decisions about her alcohol use?
    - Students should demonstrate non-judgmental, empathetic communication that avoids mandating cessation—which is ineffective. The FRAMES approach provides structure: Feedback about personal status, Responsibility to change, Advice for change, Menu of options, Empathy in counseling, and Self-efficacy for changes. Students should discuss being an active listener, validating feelings of guilt and shame, and helping Rachel grieve the loss of alcohol while supporting her motivation to change. This question helps students practice person-centered approaches that honor patient autonomy while providing education about health consequences.
3. What pharmacological and psychosocial interventions did you discuss with Rachel for both acute withdrawal management and long-term recovery support?

- Students should identify benzodiazepines for acute withdrawal, plus nutritional support including thiamine, folate, and multivitamins. For long-term management: naltrexone (blocks euphoric effects, available as monthly injection), acamprosate (diminishes urge to drink), and disulfiram (causes unpleasant reactions if alcohol consumed). Psychosocial interventions include referral to Alcoholics Anonymous, SMART Recovery groups, individual counseling, and behavioral therapy with limit setting. Students should help Rachel identify triggers—specific settings, circumstances, or relationships—and develop alternative coping strategies like calling a friend, exercise, or engaging in distracting activities when cravings occur.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's gather your initial reactions to working with Rachel. Take a moment to reflect silently.
- Guiding Questions
  - What emotions or reactions came up during this encounter?
  - What went well in your assessment?
  - What felt challenging about discussing Rachel's alcohol use?
  - Did anything surprise you about her presentation or responses?

Analysis

- Screening & Assessment:
  - What screening tools did you use? How did you apply the CAGE questionnaire?
  - What patterns emerged regarding amount, frequency, and duration of alcohol use?
  - How did you assess for tolerance and withdrawal symptoms?
  - Did you explore functional impairment in family, social, and occupational roles?
- Safety & Medical Complications:
  - How did you assess for withdrawal risk? Why is this critical for surgical patients?
  - What nutritional deficiencies and physical complications did you screen for?
  - How did you involve family members to gain accurate information, given denial?
- Therapeutic Communication:
  - How did you maintain a nonjudgmental attitude during screening?
  - What motivational interviewing techniques did you use?
  - How did you avoid arguing or mandating change, which increases resistance?
  - How did you explore Rachel's ambivalence about her drinking?
- Intervention & Education:
  - What coping strategies did you suggest for managing cravings—calling friends, physical activity, healthy snacks?
  - How did you help Rachel identify triggers and alternative settings that support recovery?
  - What education did you provide about withdrawal symptoms and the recovery process?

Summary

- Ask students to identify:
  - One key assessment finding that indicated alcohol use disorder
  - One therapeutic communication technique they'll use in future substance use conversations
  - One question they want to explore further

Closing

- Screening every patient for substance use enables early intervention. Your nonjudgmental approach, use of validated tools like CAGE or AUDIT, and motivational interviewing techniques build trust and support patient autonomy in making informed decisions about recovery.

Debrief Focused Exam: PTSD (Nicole Diaz)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What questions did you use to assess whether Nicole experienced or witnessed a traumatic event? How did you approach this sensitively without retraumatizing her?
- Which of the four DSM-5 symptom clusters did you identify in Nicole? (Reexperiencing, avoidance, negative alterations in cognition/mood, alterations in arousal/reactivity)
- Did you assess for flashbacks, intrusive thoughts, or nightmares? Describe how Nicole described reexperiencing the trauma and what physical symptoms accompanied these episodes.
- How did you screen for suicidal ideation and self-destructive behaviors? PTSD often co-occurs with depression—what specific questions helped you assess both conditions?
- Did you evaluate for substance use as a coping mechanism? What patterns of alcohol or drug use did you identify, and how might these complicate treatment?
- What physical complaints did Nicole present with—such as pain, sleep difficulties, or cognitive problems? How did you connect these somatic symptoms to potential PTSD?
- Describe a moment when Nicole showed avoidance behaviors or became guarded. How did you use therapeutic communication techniques like listening, normalizing responses, and reframing to build trust?
- Reflect on your own emotional reactions during the encounter. Did you feel overwhelmed, helpless, or uncertain? How might consultation with a mental health provider support you in caring for trauma survivors?
- Did you discuss evidence-based treatments such as cognitive behavioral therapy (CBT), prolonged exposure therapy, or cognitive processing therapy? How did you explain these options in accessible language?
- What protective factors did you identify—such as supportive relationships, faith, active lifestyle, or resilience? How can these strengths be incorporated into Nicole's care plan?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What traumatic event did Nicole experience, and which of the four DSM-5 symptom clusters did you identify: reexperiencing, avoidance, negative alterations in cognition/mood, and alterations in arousal?
    - Students should recognize symptoms across all clusters: reexperiencing through flashbacks, intrusive thoughts, or nightmares; avoidance of trauma reminders (people, places, situations); negative cognitions like persistent guilt, detachment from others, or inability to experience positive emotions; and hyperarousal including exaggerated startle response, hypervigilance, irritability, difficulty concentrating, and sleep disturbances. Students should understand that PTSD is a normal reaction to an abnormal event—not a sign of weakness or personal failure. This question reinforces comprehensive assessment of trauma-related symptoms that may present as physical complaints, pain, or sleep difficulties rather than emotional problems.
2. How did you assess for depression, suicidal ideation, substance use, and other conditions that commonly co-occur with PTSD?
    - Depression is present in half of individuals with PTSD, making routine screening essential. Students should demonstrate direct assessment of suicidal thoughts, self-destructive behaviors, and substance use as coping mechanisms. Physical illness and chronic pain frequently accompany PTSD. Students should discuss how they explored interpersonal and occupational problems that often result from trauma symptoms. This question emphasizes that PTSD rarely exists in isolation and requires holistic assessment to identify all treatment needs.

3. What education did you provide about trauma-focused psychotherapy and pharmacotherapy options, particularly SSRIs as first-line medication treatment?
    - Students should explain that effective treatment combines psychotherapy and medication. Evidence-based psychotherapy includes trauma-focused cognitive behavioral therapy and exposure therapy. SSRIs—particularly sertraline and paroxetine—are first-line pharmacological treatments with strong evidence of efficacy. Students should teach simple self-regulation techniques like deep breathing and progressive muscle relaxation that Nicole can use immediately when experiencing anxiety or intrusive thoughts. Education should normalize symptoms, provide reassurance that treatment is effective, and include referrals for community support and follow-up care upon discharge. This question reinforces the nurse's critical role in health teaching and connecting patients to ongoing resources.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's begin by gathering your reactions to working with Nicole. Take a moment to reflect silently.
- Guiding Questions:
    - What emotions came up for you during this encounter?
    - What aspects of the assessment felt most important?
    - What was challenging about communicating with Nicole?
    - What surprised you about her presentation?

Analysis

- Assessment & Recognition:
    - Which of the four DSM-5 symptom clusters did you identify: reexperiencing, avoidance, negative alterations in cognition/mood, and alterations in arousal?
    - How did you assess for flashbacks, intrusive thoughts, nightmares, and hypervigilance?
    - What physical symptoms did Nicole report? How do trauma symptoms often present as physical complaints rather than emotional ones?
- Safety & Co-occurring Conditions:
    - How did you screen for depression and suicidal ideation? Why is this critical in PTSD?
    - What questions did you ask about substance use and chronic pain?
    - How did you assess functional impairment in relationships and work?
- Intervention & Education:
    - What education did you provide about PTSD being a normal reaction to an abnormal event?
    - How did you explain evidence-based treatments—trauma-focused therapy and SSRIs like sertraline?
    - What self-regulation techniques did you teach Nicole, such as deep breathing or progressive muscle relaxation?"
- Therapeutic Communication:
    - How did you create a safe, non-judgmental environment?
    - What did you do when Nicole became distressed discussing the trauma?

Summary

- Ask students to share:
    - One insight about recognizing or assessing PTSD symptoms
    - One intervention they'll use in future trauma-informed care
    - One question they want to explore further

Closing

- PTSD requires comprehensive assessment beyond emotional symptoms—screen for depression, suicidal ideation, and substance use routinely. Your role includes normalizing reactions, teaching self-regulation strategies, and connecting patients to evidence-based treatment and community resources for ongoing support.

Debrief Follow up Visit: Adolescent ADHD (Sebastian Stavros)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What symptoms of inattention, hyperactivity, and impulsivity did you identify in Sebastian? How did you differentiate between the predominantly inattentive type versus combined type?
- Did you assess whether symptoms were present in multiple settings—such as home, school, and social situations? Why is this criterion essential for an ADHD diagnosis?
- What age did Sebastian's symptoms first appear? How does the requirement that symptoms occur before age 12 and persist for at least 6 months inform your assessment?
- How did you evaluate the impact of ADHD on Sebastian's academic performance, peer relationships, and self-esteem? What specific examples did he provide?
- Did you screen for comorbid conditions such as oppositional defiant disorder, conduct disorder, anxiety, or depression? Why is it critical to rule out other disorders that may cause similar symptoms?
- What signs of low frustration tolerance, temper outbursts, or mood lability did you observe? How do these behaviors affect Sebastian's daily functioning?
- Describe Sebastian's behavior during the interview. Did you notice fidgeting, difficulty staying seated, interrupting, or trouble waiting his turn? How did these observations support your assessment?
- Did you assess for disorganization, losing things frequently, or difficulty completing tasks? How do these inattentive symptoms differ from hyperactive-impulsive presentations?
- How did you discuss treatment options with Sebastian, including stimulant medications (methylphenidate, amphetamines) and nonstimulants (atomoxetine, guanfacine, clonidine)? What education did you provide about how these medications work?
- Did you explore family dynamics and parenting strategies? What recommendations would you make for creating a structured, consistent home environment and collaborating with teachers to support academic success?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What inattentive and/or hyperactive-impulsive symptoms did you identify in Sebastian, and how did you assess their impact on his academic performance, social relationships, and daily functioning?
    - Students should recognize that ADHD symptoms must have been present before age 12 and persist for at least 6 months. They should identify symptoms across domains: inattention (difficulty concentrating on schoolwork, not completing tasks, disorganization, carelessness), hyperactivity (fidgeting, inability to sit still), and impulsivity (calling out in class, difficulty waiting turn, switching excessively between activities). Students must assess functional impairment—how symptoms affect grades, peer relationships, family dynamics, and self-esteem. This question reinforces that ADHD significantly interferes with normal emotional and psychological development, making early identification critical.
2. How did you screen for conditions that commonly co-occur with ADHD, such as learning disabilities, anxiety, depression, oppositional defiant disorder, or conduct disorder?
    - Students should understand that children with ADHD are at greater risk for co-occurring psychiatric, developmental, and physical conditions. Anxiety and depression can produce similar symptoms to ADHD, making careful differential diagnosis essential. Students should discuss screening for learning disabilities, speech and language delays, mood disorders, behavioral disorders, sleep disturbances, and substance use—particularly important in adolescents who may misuse stimulant medications to

enhance academic performance. This question emphasizes comprehensive assessment beyond ADHD symptoms alone.

3. What education did you provide about stimulant medications, including administration timing, common side effects like decreased appetite and sleep disturbances, and the importance of secure storage to prevent misuse?
    - Students should explain that both short-acting (multiple daily doses) and long-acting (once-daily) formulations exist. Common side effects include decreased appetite—managed by giving medication with or after meals and offering nutritious evening snacks—and sleeplessness—reduced by early administration and minimal effective dosing. Growth monitoring is essential with long-term use. Critically, students must address misuse potential: adolescents may use stimulants to augment cognitive function for academic purposes, and these medications must be stored securely. Parents should understand these medications help children succeed not only academically but also socially, supporting positive self-image development. This question reinforces the nurse's role in patient/family education and ongoing monitoring for therapeutic effects, adverse reactions, and potential misuse.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Let's start by gathering your initial reactions and observations. Take a moment to reflect silently, then we'll share.
- Guiding Questions:
    - What were your first impressions when you began interacting with Sebastian?
    - What went well during your assessment?
    - What felt challenging or uncomfortable?
    - What surprised you about this encounter?

Analysis

- Now let's dig deeper into the clinical reasoning behind your actions.
- What specific ADHD symptoms did you identify? How did you differentiate inattentive versus hyperactive-impulsive presentations?
- How did you assess functional impairment across school, home, and social settings?
- What co-occurring conditions did you screen for? Why are these important in ADHD?

Intervention & Communication

- How did you approach Sebastian differently than you would an adult patient?
- What therapeutic communication techniques did you use to build rapport with an adolescent?"
- What medication education did you provide? How did you address side effects and misuse potential?

Clinical Judgment

- What assessment data influenced your priority interventions?
- "If Sebastian's parents expressed concern about stimulant medications, how would you respond?
- What red flags would indicate the need for immediate referral?

Summary

- Let's bring this together with key takeaways.
- Ask students to identify:

- One clinical pearl they'll remember about ADHD assessment or management
- One thing they'll do differently in future patient encounters
- One question they still have or want to explore further

Closing

- ADHD significantly impacts adolescent development. Your comprehensive assessment—including functional impairment, co-occurring conditions, and family dynamics—establishes the foundation for effective, person-centered care. Remember that medication is just one component; psychosocial interventions and ongoing monitoring are equally essential.