

**Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?**

Hassan Ayad is a 16-year-old male who presents to the clinic accompanied by his mother. He reports experiencing persistent sadness, hopelessness, irritability, and anhedonia, particularly in activities he once enjoyed, such as playing basketball. His symptoms began following the death of his father one year ago. Despite participating in cognitive behavioral therapy (CBT) for the past ten months, there has been no notable improvement. Recently, Hassan expressed a desire to quit the basketball team, prompting increased concern from his mother, who is now requesting consideration of medication for depression. His physical examination is unremarkable, and he is currently not taking any medications.

**Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?**

According to the American Psychological Association (2019), the first-line treatment recommended for adolescent depression includes a combination of psychotherapy and pharmacologic intervention, specifically fluoxetine. Fluoxetine is considered safe and effective for individuals aged 8 and older. If fluoxetine is not effective or well-tolerated, escitalopram is an alternative option. For this client, the recommended approach is to initiate fluoxetine while continuing cognitive behavioral therapy (CBT) to address the ongoing symptoms and support long-term improvement.

**Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?**

To address this client's major depressive disorder, which appears to be related to the loss of his father, initiating pharmacologic treatment with fluoxetine 10 mg daily is appropriate. Given the severity and persistence of his symptoms, and his lack of response to cognitive behavioral therapy (CBT) over the past ten months, combining fluoxetine with continued psychotherapy is essential for optimal treatment outcomes.

**Reflect on additional questions you have about your assigned client that may influence treatment. What else do you want to know? What follow-up assessments, labs, or conversations are required to ensure optimal health outcomes?**

A follow-up appointment should be scheduled within 1–2 weeks of starting pharmacologic treatment to monitor for side effects and assess for any emerging suicidal ideation. It is important to provide education about potential side effects, which may include insomnia, gastrointestinal