

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Alex Brzozowski Date: 9/9/25

Patient's Initials: D. ? Age: ? 30s? Sex: F

Psychiatric Diagnosis(es): Substance Abuse

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<p>Limbic System: The use or abuse of drugs affects the brains reward pathway</p> <p>Prefrontal Cortex: This will become imbalance with substance use, creating a compulsive need for the client to acquire the substance.</p> <p>Basal Ganglia: The extended amygdala is overstimulated, drug is needed more often and in larger doses, leading to tolerance and dependence.</p> <p>Amygdala: this area represents anxiety, irritability and uneasiness, when the effects of the drug are no longer present, the client craves the drug again and uses it to elicit the same euphoric feeling.</p>
Neurotransmitters:	<p>Dopamine: reward pathway, produces feeling of pleasure, and craving.</p> <p>GABA: Produces sedation, relaxation, and recues anxiety, reduces excitability of neurons.</p> <p>Norepinephrine: regulates arousal, alertness and stress response- Things like cocaine can cause an increase in this which lead to increased energy, and alertness</p>
Course/ characteristics of illness:	<p>Loss of control, craving, tolerance, withdrawal</p> <p>Experimentation-regular use-dependence-leading to addiction</p>

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Suboxone	<p>Classification: Opioid addiction antagonist (Used for substance abuse)</p> <p>Action: Two drugs that</p>	<p>Sweating</p> <p>Constipation</p> <p>Nausea</p> <p>Headache</p> <p>Vomiting</p> <p>Insomnia</p>	<p>Nurses should monitor for signs of withdrawal and adjust dose as necessary</p> <p>Be aware of potential respiratory depression</p>

	act together: Buprenorphine: Binds to opiate receptors in the CNS. Sublingual naloxone: has no pharmacological effect; it is present in the formulation to discourage injection of the product by opioid-dependent patients.		Educate about the importance of taking the medication as prescribed and understanding potential side effects
Fluoxetine	Antidepressant Action: Selectively inhibits the reuptake of serotonin in the CNS.	Anxiety Drowsiness Headache Insomnia Nervousness Tremors Diarrhea Increased sweating Pruritus	Monitor mood changes to determine effectiveness Assess for serotonin syndrome Monitor appetite and nutritional intake

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Wearing a pink/purple nightgown with dogs on it, also wearing a black pair of pajama pants. She has on slides with grippy socks. Her hair was not brushed. She did not have an odor.
Behavior	“I am feeling really excited today” “I am going home tomorrow”	She was smiling, talking to other patients, being respectful to others not arguing with other patients
Speech	Stated, “I am feeling very optimistic and excited to go home tomorrow” “I want to open a food truck business”	She did not have any trouble with her speech, she was speaking clearly. Her vocabulary was strong.
Mood	“I am feeling happy today”	She was smiling, talking about how much she liked to go color. When we went to art therapy, she was

		very happy to be there painting. She was also very happy to talk about how she was going to be going home.
Disorders of the Form of Thought	N/A	I would ask a question, and she would become easily distracted by what was going on around her. She would answer a question then would be distracted by what everyone in the room was doing
Perceptual Disturbances	N/A	She did not talk about any hallucinations
Cognition	“I am feeling very optimistic today”-she stated during group therapy “I understand that I am here because I relapsed in January”	She talked to me about how she was a nurse, and she got injured and turned to pain medications. She got clean for 8 years and in January starting using again.
Ideas of harming self or others	“I do not feel suicidal today”- she stated in group therapy	During group therapy she talked about how she did not feel suicidal and how she was feeling excited to go home.

Problem #1: Risk for Injury

Priority Patient Goal:

1. Will not have any injuries such as self-harm while at DBH.

Assessments:

- Assess LOC, monitor for hallucinations, Assess for signs of withdrawal

Top 2 Interventions with rationale:

1. Remove objects such as sharp objects, shoelaces so that they do not hurt themselves.
Substance abuse can impair judgement, and they may want to harm themselves so making sure objects they would use to harm themselves are out of reach is important.
2. Helping with ADLs as needed, if the patient is having withdrawal, they may feel dizzy and have poor coordination, which could cause them to fall, or have an injury.

Problem #2: Deficient knowledge

Priority Patient Goal:

1. Will be able to explain one risk of drug use and one coping strategy to help recover during my time of care.

Assessments:

- Assess current knowledge, assess readiness to learn, assess preferred learning style

Top 2 Interventions with rationale:

1. Provide clear simple information. This is important because if you are explaining in simple short terms the patient is more likely to remember what you are telling them.
2. Provide handout with resources the patient can use. This is important because they might not have the resources available to find the help that they need.

Patient Teaching

List 2 teaching topics that you taught a client.

1. I taught about the importance of using other coping strategies such as coloring when you are feeling overwhelmed.
2. I taught how important it is to make sure you are just breathing and staying calm, when she feels overwhelmed, it is important to just breathe and be in the moment. She can go outside and just get fresh air to calm down.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.

Normal growth and development for the age range of 30 is to establish intimate relationships, having a career, social and personal goals. This is the time of your peak physical performance physically. 20-40 is known as young adulthood and the developmental stage is intimacy vs. isolation.

2. Discuss any deviations of growth and development.

She talked about how she felt very lonely and didn't know how to cope with her emotions. She talked about how she has been working at different bars and this can cause deviations because she does not have stability. At this age it is important to have job stability and that is something that she does not have. At this age it is also important to have good decision-making skills and due to her substance abuse she has not been able to make proper judgements.

Self-Evaluation: Answer the following question.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.

I think that this clinical day went very well for me. I was nervous going into it not knowing what to expect. I think what I did well was having therapeutic communication and just listening to what they had to say. I asked open ended questions and had good body language with the patients. The longer I was their the more I realized they are just happy to talk to anyone who will listen and not judge and that is exactly what I did. I was there for them to just talk to me about how they were feeling. Something I feel like I could have done better is being more approachable, I feel like I need to go up to them and start talking and not feel nervous about it. As soon as the conversation would start it was very easy to communicate, I feel like at the beginning it just feels uncomfortable. Overall, I had a good clinical day. It made me feel emotional to really put in perspective that these are just normal people who are having a really hard time in their life, and just need someone to lean on to help them.