Dover Behavioral Health
Clinical Assignment
2025

Student Name: Lacy Bayley   Date: 09/23/25

Patient's Initials: T.J.   Age: Did not say   Sex: M

Psychiatric Diagnosis(es): _____Alcohol Use Disorder_____

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Chronic alcohol use can lead to atrophy of the brain, prefrontal cortex = poor decision and impulse control, hippocampus = negative affect on memory and cognition
Neurotransmitters:	Dopamine – initially released as a reward, eventually a tolerance is built and harder to achieve GABA – alcohol enhances GABA initially but over time decreases Glutamate – alcohol inhibits glutamate Serotonin – initially boosts but over chronic use decreases it
Course/ characteristics of illness:	May begin in adolescence or early adulthood Chronic and often relapse occurs, periods of heavy drinking/binge episodes occur. Withdrawal symptoms typically trigger a relapse Still drinks despite understanding negative impacts often affecting social, work and family life, tolerance builds requiring more to feel same desired effect. Overall inability to control drinking habits.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lorazepam – treat anxiety, panic attacks, seizures	Lorazepam – Benzodiazepine, creates an increase in GABA	Lorazepam – drowsiness, dizzy, lightheadedness, double vision, nausea, respiratory depression	Assess RR, SpO2, LOC. Assess level of anxiety Monitor for fall risk Do not stop abruptly or increase dose without talking to doctor
Thiamine-	Thiamine – Vitamin/	Thiamine –	Assess for LOC, neuropathy

To prevent Wernicke'e, Korsakoff's, malnutrition, prolonged vomiting, before glucose administration	supplement - Coenzyme, enable cells to produce energy from glucose properly	hypersensitivity, nausea, restlessness, anaphylaxis	Administer thiamine before glucose Monitor labs

Mental Status Exam:

	Subjective Data	Objective Data
Appearance		Clean clothes, dressed in t-shirt and gym short, glasses on face proper and intact
Behavior		Sit in chairs along wall away from most of group, quiet until spoken to, always responded when asked a question or for input. Always had a composition notebook in hand. "I meditated this morning"
Speech		Soft spoken, normal pace, thoughts are organized and relevant to conversation always on topic.
Mood		"I feel good about today", engaged in activities, socialized during family feud with teammate.

Disorders of the Form of Thought		Sentences were complete and kept conversation relevant to topics discussed.
Perceptual Disturbances		No hallucinations or delusions
Cognition		Appropriate for age, organized thoughts, AOx4, focused on activities at hand
Ideas of harming self or others		"I am going to talk to my doctor about my thoughts of suicide"

Problem #1: Risk for Injury/Self Harm

_____

Priority Patient Goal:

1. ___Will express thoughts of self harm to tech/RN/Doctor as they

arise._____

Assessments:

➢ "I will talk to my doctor about my thoughts of suicide" , assess thoughts of self-harm

_____

Top 2 Interventions with rationale:

1. __Develop a safety plan/contract on who he will contact or what he will do when these

thoughts occur during time of care. – helps ID triggers and build a support

system_____

2. __Remove potential objects/ tools during time of care. – removes the risk of being able to

complete self harm_____

Problem #2:
Ineffective Coping_____

Priority Patient Goal:

1. _____Will verbalize one coping strategy to utilize during times of stress by end of my

care._____ _____

Assessments:

➢ _"drinking just makes me feel good and makes the pain go away, when I wake up the

next day I feel awful but can't stop"_, assess current coping strategies __

_____

Top 2 Interventions with rationale:

1. __Encourage meditation daily – voiced how meditation was effective during group

therapy and can used everyday_____

2. ____Encourage use of journal daily. – document feelings, good and bad, ID triggers,

what worked versus didn't work

_____

Patient Teaching
List 2 teaching topics that you taught a client.

1. Meditation can be a coping skill used on their own daily not just in group therapy.
   2. Journaling can be an effective way to express feelings if talking about them is difficult.
 Growth & Development
   1. Discuss norms of growth and development for your patient, including development stage.
   This patient did not provide his age but more than likely fell into ego and despair and
   providing wisdom. He reflected on his life and thoughts of death. He relayed to the group
   how he felt meditation was a helpful tool and that prayer and going to church is where he can
   find peace.

2. Discuss any deviations of growth and development.
**This patient did not give his age but was more than likely in ego integrity and despair. He
had voiced his thoughts of suicide and nodded when the activity therapist had brought up
the 30 years of working to sobriety are not a waste. From these two moments I feel he is not
necessarily proud of life he has lived and struggles to see the grass being greener for the
rest of it.**

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 I did well making conversation with most of the people there but could have done a better job building more of a 1:1 rapport, and exploring more of what their story is. For example, when I first walked in it felt like everyone was saying hi and discussing where we were from and it was just one big circle of chit chat versus actually sitting 1:1 with one person to have a strong in depth conversation. In the beginning room there was scattered conversation with everyone in the room but a movie was on and I did not feel comfortable being the one trying to talk over it. I find making conversation with people easy, especially over casual topics but when it comes to truly exploring why they are here am unsure of proper wording and being in a small room with everyone with a lack of privacy really made it uncomfortable, in addition it'd feel like everyone could just jump in and change the subject. I think in the future I would make a better effort to really build a 1:1 versus just light conversations with everyone.