

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Lillie Golub Date: 9/30/25

Patient's Initials: E. Age: 58 Sex: F

Psychiatric Diagnosis(es): Alcohol Use Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Limbic system - Amygdala - Hippocampus - Prefrontal cortex	Hypothalamus
Neurotransmitters:	Dopamine; regulates motivation, emotion, cognition & ability to experience pleasure.	
Course/ characteristics of illness: most have 2 or more w/ a 12 month period.	<ul style="list-style-type: none"> <li>• Craving</li> <li>• Use in large amounts/ over long period of time.</li> <li>• Persistent/unsuccessful efforts to control</li> <li>• Continued use despite persistent social problems.</li> <li>• ↑ Tolerance</li> <li>• Continued use to avoid withdrawal</li> <li>• Continued use despite physical hazards</li> <li>• Continued use despite knowledge of "—" health effects</li> </ul>	

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Paroxetine	SSRIs: selectively blocks the reuptake of serotonin to stay in synapse longer.	Sexual dysfunction, Insomnia, Anxiety, agitation, GI disturbances	• MDD, Panic Disorder, OCD, GAD, Social Anxiety Disorder, PTSD, Premenstrual dysphoric disorder.

Mental Status Exam:

	Subjective Data	Objective Data	
Appearance	N/A	Clean Clothing, well groomed, No pupil dilation/constriction, facial expression calm/relaxed, <del>appropriate affect</del>	Height, + weight + appropriate
Behavior	N/A	• Calm, Neither excessive/reduced body movements. • Normal body movement • Socialized during gym time and played games	
Speech	"I'm having a better day"	Normal Rate Normal volume No Disturbances	
Mood	Reports feeling sad and lonely before treatment/admission.	Appropriate affect and mood.	
Disorders of the Form of Thought	N/A	N/A	
Perceptual Disturbances	<del>None</del> N/A	<del>None</del> N/A	
Cognition	<del>None</del> stated unable to stay focused during meditation.	• Alert, oriented to time, place, person • Remote memory • Aware of illness and problems • Social judgment <del>adequate</del>	• Followed instruction while talking vs.
Ideas of harming self or others	"I'm ready to go home"	<del>None</del> No other history of suicide attempt other than current. No <del>clear</del> plan present or means to carry out plan.	



**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 feel I did well. I mainly utilized silence so I could pay attention to the patients that were speaking. The groups and everyone going in and out of the day room made it difficult especially trying to speak to my assigned patient.

One thing I could of done better was interact and speak more. I feel like the other girls did that more. I found it easier to speak to one or two people at a time. During the time in the gym was the ~~best~~ when I was able to speak to my pt. for a short time but get to know her a little better other than what she said in group or her chart.